



MONMOUTHSHIRE COUNTY COUNCIL



1972

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER FOR THE YEAR



ANTONY J. ESSEX-CATER

L.R.C.P., M.R.C.S., F.F.C.M., D.C.H., D.P.H., D.I.H., F.R.A.I.,

**CAMBRIA HOUSE,
CAERLEON,
NEWPORT, MON.,
NP6 1XG.**

Corrections.

Page V 3rd line read special for social.
Page 19 Under Cancer read 2.2 for 2.1.
Page 62 Under Delicate read Gaer for Gear.
Page 82 In last paragraph line 3 read chances for changes.
Page 117 4th and 11th lines read inhalation for inhilation.



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**CAMBRIA HOUSE,
CAERLEON,
NEWPORT, MON.,
NP6 1XG.**

TO THE CHAIRMAN AND MEMBERS OF THE COUNTY COUNCIL

Mr. Chairman, Ladies and Gentlemen,

I beg to submit to you my annual report as County Medical Officer and Principal School Medical Officer for the year 1972.

I would respectfully draw your attention to some items culled from the main body of the report which I feel may be of particular relevance or concern.

Statistics and General Matters

Although the infant mortality rate was a little higher than last year the rate of 17 per 1,000 total live births is excellent and accords with the national level. The still-birth rate fell to its lowest ever in the County 12.0 per 1,000 total births. Similarly the peri-natal mortality rate at 20.0 per 1,000 total births was well below the previous lowest level in the County and is inversely related to the proportion of mothers delivered in hospital, now 95%.

The numbers of infants dying now is such that a confidential enquiry into each death, as is undertaken in maternal deaths, would seem to be an effective way of high-lighting those factors which might be influenced to bring a further fall in infant deaths.

There were no maternal deaths in the County in 1972.

Heart and circulatory disease was the major cause of death in the County and ischaemic heart disease claimed 1,214 victims, the most ever. Cancer of the lung and bronchus continued to be the most common fatal form of neoplasm and a decline in mortality noted in 1970 has been unfortunately lost in a climb to a highest ever level in the County.

Maternity and Child Health Services

Developmental screening tests are only slowly being introduced to the normal pattern of child health services, due to the limitation of suitably experienced staff and time. In relation to this service, medical officers of the department attend paediatric units at the two major hospitals in the County.

Health Visiting

In 1972, the health visitors changed their pattern of work, exchanging a geographical system for responsibility to groups of family doctors. The change will benefit patients and provide increased job satisfaction for family doctors and health visitors.

However, a serious under-establishment of health visitors in the County greatly limits their work and does not permit the full multifarious duties of the health visitor to be implemented. It is to be hoped that time will repair this defect but more training centres are required to feed a national short-fall of health visitors.

Health Centres

The building section of the department was increasingly occupied with a major building programme. The unique Abertillery health centre was opened by the Right Hon. Edward Short, M.P. in October. The section is using an evaluation of each new health centre to improve the design and function of future centres.

School Health

Although the numbers represent a relatively small proportion of the total inspections made, it is encouraging to see an almost 100% increase in the number of special inspections carried out during the year. Such examinations, carried out at the request of parent, teacher or school nurse, provide a high defect detection rate.

In view of the increasing resistance of head lice to available forms of treatment, I am sure that the policy of excluding those pupils with severe infestations will result in a lessening of the problem. As anticipated in 1971, the attendance rate at refraction clinics increased as a result of decentralisation of the service and better follow-up of non attenders.

If congenital hearing deficiencies are to be picked up early and treated, satisfactorily, early screening of infants for hearing defects is essential. It again proved possible to carry out hearing screening tests on nearly all the infants in the County who attained eight months of age during the year.

The number of dental inspections carried out in 1972 increased by 415 over the previous year yet the number of pupils requiring treatment fell by 1,278. Such an improvement in the dental health of the child population is encouraging.

Care and After-Care

Nineteen seventy-two has seen the realisation of the presumed values in attaching district nurses to family practices. An anticipated increase in the visits undertaken by district nurses occurred, being 9% in the year. Nearly 71% of the work of district nurses is concerned with persons of 65 years of age or older.

District Nurse Training

The County was approved as a training authority in 1972 and the first course commenced in September under the tutorship of Miss S.R. Brazell. The course runs for 3 - 4 months, according to the previous experience of the students; a lecture block is held at Cambria House and practical training on the district.

About twelve students can be accommodated in each of three training courses a year and some students from adjoining areas will be accepted.

Successful candidates receive the National District Nurse Training Certificate.

Chiropody

The chiropody service was re-organised with an area chiropodist responsible to the County Chiropodist for the service in each of the four health areas in the County. The service is in urgent need of expansion to meet the community needs and merits special attention in view of the part which chiropody has in maintaining the mobility of the aged and handicapped.

Treatments undertaken are increasing at a rate of 1,000 per annum and reached over 42,500 in 1972.

Medical Comforts

Mr. L. Arthur, the officer in charge of the medical comforts section, has been successful in increasing the effectiveness and efficiency of his section to the extent of an 80% increase in loan in 1972. The service is a most important one and further expansion is likely in the years ahead, being a major support in the home care of the seriously ill and the chronic sick.

Fuel Crisis

The fuel crisis of early 1972, tested the resources of the Council and the community to the full. The effect might have, in health terms, been considerably worse if the weather had been as severe as it can be in the early weeks of the year.

Prevention of Illness

The demand for health education continues to grow and a further increase in staff to meet this demand will need to be contemplated soon.

A venereal disease telephone service was inaugurated jointly with Newport County Borough and the Newport and East Monmouthshire Hospital Management Committee in the Autumn and, by the end of the year, over 8,000 calls had been received. It was interesting to observe that new cases at the venereal disease clinic increased subsequently.

A very successful study day on the management of cleft lip and palate was organised jointly with Mr. Michael Tempest of the Plastic Surgery Centre, St. Lawrence Hospital, Chepstow.

A study day was also arranged at Cambria House for voluntary social workers.

The community nutrition service was also greatly extended during the year and this is another provision of the Authority in which demand will quickly out-pace resources.

Family Planning

There was a further large increase - over one-third in attendance at family planning clinics.

Cervical Cytology

There was a small decline in the total smears taken in 1972 but a slight but non-significant increase in the percentage of positive smears detected.

Occupational Health

This continues to be another expanding section of the department and Dr. M. Salmon took over responsibility for this service.

Infectious Diseases

It was pleasing to observe a marked improvement in the County rates for routine immunisation and vaccination, which had lagged well behind national levels.

It is disturbing to record a measles notification total of well over 1,100 - a much lower figure was anticipated in the face of a suitable protective agent.

A comprehensive investigation at Llanfrechfa Grange Hospital, after a diphtheria organism isolated from a patient, detected a considerable number of healthy carriers.

An isolated case of enteric fever occurred in a thirteen year old boy.

Mental Health

A meeting was held at Abertillery health centre during the "Mind Week" in October, to discuss medical aspects of community services for the mentally ill.

Ambulance Service

There were notable alterations in the work load of the service in 1972.

Entonox, an analgesic agent, was introduced to the service in the Summer and was especially valuable in the care of patients with traumatic injuries. Staff were carefully trained in the use of Entonox before it was introduced to the service.

Two staff Joint Consultative Committees were established, one in the north and one in the south of the County.

An excellent new ambulance station at Blackwood was opened, officially, by Councillor Ray Owen, J.P. in December.

Environmental Health

It is regretted that, owing to staff difficulties and work load, the County Health Inspector was unable to complete his section of the report in time for its inclusion. It will be separately produced.

Acknowledgements

Nineteen seventy-two saw the retirement of two long-serving employees of the Authority.

In May, Mr. Horace Price retired after 24 years as County Ambulance Officer and was succeeded by his deputy Mr. Edgar Davies.

In December, the Chief Administrative Officer of the department, Mr. Gordon Hughes, retired after 43 years service with the Authority. His successor is Mr. Ray Fennell, who was previously in charge of the statistics section of the department. I would like to wish a long and happy retirement to both officers and to thank them for the years of loyalty given to the County.

In conclusion, I must again thank all members of the department for their efficient and loyal service during the year and the Chairmen, Vice-Chairmen and members of the health and social services committees for their continued interest and support.

I have the honour to be,

Your obedient servant,

ANTONY J. ESSEX-CATER

County Medical Officer.

MONMOUTHSHIRE COUNTY COUNCIL

STAFF

at the 31st December, 1972.

**County Medical Officer of Health and Principal
School Medical Officer**

Antony J. Essex-Cater, L.R.C.P., M.R.C.S., F.F.C.M.,
D.C.H., D.P.H., D.I.H., F.R.A.I.

**Deputy County Medical Officer of Health and
Deputy Principal School Medical Officer**

Brian E. Deere, M.B., B.Ch., D.P.H.

MEDICAL

Consultant Medical and Surgical Staff:

D.E.M. Sturdy, M.B., M.S., F.R.C.S. (Surgical)
G.W. Hoare, M.A., M.B., F.R.C.S., M.R.C.S., L.R.C.P. (Ophthalmic)
R. Vaughan-Jones, M.B., Ch.B., D.O.M.S., F.R.C.S. (Ophthalmic)
M.L. Insley, M.D., Ch.B. (Geriatric)
R. Griffith-Evans, M.D., M.R.C.P. (Geriatric)
V.A. Wills, M.B., B.S., M.R.C.S., L.R.C.P., D.P.M., D.P.H. (Child Psychiatric)
G. Leitch, F.R.C.S. (Ear, Nose and Throat)
J.L.D. Williams, M.D., F.R.C.S. (Ear, Nose and Throat)

District and Area Medical Officers of Health

Rhymney and Tredegar Urban District Councils	Area No. 1	M.J. Donelan, M.B., B.Ch. D.P.H.
Ebbw Vale Urban District Council	Area No. 1	T. Stephens, M.C., B.Sc., M.R.C.S., L.R.C.P., D.P.H.
Nantyglo and Blaina and Abertillery Urban District Councils	Area No. 1	J. Walters Bowen, M.B., B.Ch. D.P.H.
Bedwellty Urban District Council	Area No. 2	A. Trenhaile, L.M.S.S.A., D.P.H.
Abercarn and Mynyddislwyn Urban District	Area No. 2	K.E. Howells, M.B. B.S., D.P.H.
Magor and St. Mellons Rural District Council and Bedwas and Machen and Risca Urban	Area No. 2	Lilian J. Powell, B.Sc., M.B., B.Ch., D.Obst. R.C.O.G. D.P.H.
Blaenavon and Pontypool Urban District Councils	Area No. 3	F.J. Hallinan, M.B.E., M.B., B.Ch. B.A.O. D.P.H.
Cwmbran and Caerleon Urban District Councils	Area No. 3	H.G. Jenkins, M.B., B.S., D.P.H.
Chepstow Urban and Monmouth Borough Councils and Chepstow and Monmouth Rural District Councils	Area No. 4	M.S. Matharu, L.R.C.P. S.I.L.M., D.P.H.
Abergavenny Borough and Usk Urban District Councils and Abergavenny and Pontypool Rural District Councils.	Area No. 4	Sadie M.R. James, M.B., B.Ch. B.Sc. D.P.H.

Senior Medical Officers

Maternity and Child Welfare

- Rhiannon Morgan, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Ophthalmology

- Esther Hughes Rees, M.B., B.Ch., B.Sc., D.P.H.

Geriatrics

- Margaret C. Jenkins, M.R.C.S., L.R.C.P.

Mental Health

- Mary Stewart B.Sc., M.B., B.Ch.

Occupational Health

- Margaret M. Salmon, M.B., B.Ch., D.Obst., R.C.O.G., D.P.H.

Diseases of Women

- Norah Keevil, M.D., B.S., M.R.C.O.G., M.R.C.S., L.R.C.P., M.B.

School Health

- P.M. Hardiman, L.M.S.S.A., D.P.H.

Psychiatric Day Centre and Health Centre

- N.H.M. Mills, M.B., B.Ch., M.R.C.Psych., D.P.M., D.P.H.

Building Programme

Departmental Medical Officers

Elsa S. Alliot, M.B., Ch.B. (resigned 30.9.72)

Ida S.M. Burn, L.R.C.P. and S.I., C.P.H.

Catherine Hayes, M.B., B.Ch., B.A.O.

S. Love, B.Sc., M.B., B.Ch.

Joyce J.C.E. Mc Gowan, M.B., Ch.B.

Esther I.K. Morgan M.B., B.Ch., D.P.H.

R.B. Shah, M.B., B.S., D.O.M.S., Z.O., D.O.

Glenys G. Trenhaile L.M.S.S.A.

H.A. Yerbury, M.B., B.S., D.P.H.

Part-time and Sessional Medical Officers

Margaret Davies, M.B., Ch.B.

B.D. Dennis, M.B., B.Ch. (resigned 8.6.72)

G. Goud, M.B., B.S.

Anna I.M.A. Gregory, L.R.C.P., M.R.C.S.

Charlotte Jones, M.B., B.S., M.R.C.S., L.R.C.P., D.Obst., R.C.O.G.

Mary K. McLoughlin M.B., B.Ch.

D.L. Parsons, M.B., B.Ch.

Edith P. Price, M.B., B.Ch., D.Obst., R.C.O.G.

Rosemary M. Robertson, M.D., Ch.B., D.P.H., D.C.H.

Ann Thomas, B.Sc., M.B., B.Ch., D.Obst., R.C.O.G.

Dorothy C. Watkins, M.R.C.S., L.R.C.P.

Mary L. Williams, M.B., B.Ch., D.Obst., R.C.O.G.

Principal Dental Officer

E.F.T. Sumner, L.D.S., R.C.S.

Consultant Dental Anaesthetist

Dr. G.A.D. Rees, M.B., B.Ch., F.F.A., R.C.S.

Sessional Dental Anaesthetist

Dr. Margaret Lewis, M.D., B.Ch.

Area Dental Officers

D.J. Dymond, L.D.S., R.C.S.

P.A. Jenkins, B.D.S.

H.J. Lewis, L.D.S., R.C.S.

C.L. Read, L.D.S.

S.J. Redding, B.D.S.

Maureen F.E. Vaughan-Jones, L.D.S.

T.I. Weston, L.D.S., R.C.S.

Senior Dental Officers

Christine E. Beattie, B.D.S., L.D.S., R.C.S.
M. Locke, L.D.S.
R.E. Morgan, L.D.S.
R.H. Smith B.D.S.

Dental Officers

R.J. Lawrence, B.D.S. (resigned 8.9.72)
D.J. Coughlin (sessional)
W.S. Hazell L.D.S., R.C.S. (sessional)
Greta McHarg L.D.S., R.F.P.S. (sessional)
C.I.F. Morgan, L.D.S., R.C.S. (sessional)
W. Power L.D.S., R.C.S. (sessional)
M.I. Thwaites, B.D.S., L.D.S., R.C.S. (sessional) (resigned)

Dental Auxiliaries

Hilary M. Farrall
Rosemary Oakey
Lynne C. Pritchard
Zoe Scott
Isabel D. Shattock

Dental Technicians

G.D. MacKenzie
J.C. Paramore
J.A. Woodward

Dental Health Organiser

Mrs. Rita L. Fiveash

Senior Dental Surgery Assistant

Mrs. Olive Church

Dental Surgery Assistants

18 full-time
4 part-time

NURSING SERVICES

Chief Nursing Officer

Miss Norah I.P. Whatley, S.R.N., S.C.M., Q.N., H.V.

Area Nursing Officers

Miss Ada R. Collins, S.R.N., S.C.M., Q.N., H.V.
Miss Esme Jeffries, S.R.N., O.N.C., S.C.M., Q.N., H.V.
Mrs. Sylvia M. Markland, S.R.N., S.C.M., H.V.
Miss Norah E. Wibberley, S.R.N., S.C.M., H.V.

Nurse Tutor:-

Miss Sybil R. Brazell, S.R.N., S.C.M., H.V.

Health Visitors - 57

Clinics and School Nurses - 24

Midwives - 43

District Nurse/Midwives - 9

District Nurses - 109

District Nurses - Part-time - 5

Nursing Auxiliaries - 14 (equivalent of 7 full-time)

HEALTH EDUCATION

Health Education Organiser

Miss Lilian M. Tristram, S.R.N., S.C.M., H.V.

Deputy Health Education Organiser

Miss Joan M. Jenkins, S.R.N., S.C.M., H.V.

Assistant Health Education Organiser

Mr. C.A. Short, S.R.N., S.M.N., Dip. Nursing

Health Education Lecturer:

Mr. H.R. Tiffin

Dietitian

Mrs. Sylvia Robert - Sargeant

PUBLIC HEALTH INSPECTORATE

County Health Inspector

H.C. Bird, F.A.P.H.I., M.R.S.H.

Additional County Health Inspectors

A.H. Tompkins, M.A.P.H.I.

D.J. Herrington, M.A.P.H.I.

Milk Sampling Officer

F. Williams

Diseases of Animals Inspector

G. Barry

T. Price

Student Public Health Inspector

Vacant

CHIROPODY

Chief Chiropodist

T.G. Dowdeswell-Childs, M.Ch.S., S.R.Ch.

Deputy Chief Chiropodist

Mrs. Zillah Wintle, M.Ch.S., S.R.Ch.

Area Chiropodists:

Miss H.E. Davies M.Ch.S., S.R.Ch.

Mr. R. Nuth M.Ch.S., S.R.Ch.

Senior Chiropodists:

M.R. Cavell M.Ch.S., S.R.Ch.

L.S. Chelm M.Ch.S., S.R.Ch.

Miss A.M. Coleman, M.Ch.S., S.R.Ch.

Miss E.J. Francis, M.Ch.S., S.R.Ch. (resigned 8.6.72).

Mrs. O. Holley, M.Ch.S., S.R.Ch.

Mrs. H.E. James M.Ch.S., S.R.Ch.

Miss L.E. Jones, M.Ch.S., S.R.Ch.

Mrs. A. Maidment, M.Ch.S., S.R.Ch.

Miss B. Pugh, L.Ch., S.R.Ch.

R. Sharp, M.Ch.S., S.R.Ch.

M.C. Tippins, M.Ch.S., S.R.Ch.

Miss C. Widger, S.R.Ch.

CHILD GUIDANCE

Social Workers

Miss Sheila Readman Dip. Soc. Science
I. Havard, Dip. Soc. Science
J.K. Harse, S.R.N., R.M.N.

AMBULANCE

County Ambulance Officer

E.W. Davies

Deputy County Ambulance Officer

B.E. Evans

Training Officer

A.D. Glass, F.I.A.I., G.I.A.O

Station Officers

I.L. Adlam
F.E. Amos
F.H. Evans
G.W. Fry
W.M. Harries
B.T. Hughes
H.T. Jones
J.S. Nicholas
W.C. Rees
G.S. Collins (relief)
R. Comfort (relief)

Deputy Station Officers	-	9
Transport Liaison Officers	-	2
Control Officers	-	5
Driver/Attendants	-	162
Telephonists	-	8
Workshop Foreman	-	1
Maintenance Staff	-	6
Semi-skilled Fitter	-	1
Apprentice Fitter	-	1

OTHER OFFICERS

Pharmacists

S. Davies P.M.C., M.P.S.
K. Ellway M.P.S.
D.H. Fearnside, M.P.S.
D. Lloyd M.P.S.
W. Rees M.P.S.
J.M. Williams M.P.S. (resigned 18.11.72)

Deputy Pharmacist

D.J. Jones, M.P.S.

Pharmacy Technicians - 8

Vacancy - 1

Domiciliary Physiotherapists

E. Stratford Leach M.C.S.P.

Mrs. J.A. Ambler, M.C.S.P.) **Part-time**

Mrs. E. Blakemore M.C.S.P.)

R.J. Holley M.S.I.)

Mrs. M. Hoyal, M.C.S.P.

Miss M. Treverton Jones M.C.S.P.)

Senior Speech Therapist

Mrs. M. Price, L.C.S.T. (R.M.A.).

Speech Therapists

Mrs. V. Banham L.C.S.T.)

Mrs. E.A. Cecil L.C.S.T. (R.M.A.)) **Part-time**

Mrs. S.P. Clark L.C.S.T.)

Mrs. M.P. Smith L.C.S.T.)

Orthoptists

Mrs. M.M. Jones D.B.O.)

Mrs. J.M. Savage D.B.O.) **Part-time**

Mrs. E.A. Williams D.B.O.)

Audiometrician

Mrs. P.A. Tambini

Medical Comforts and Equipment Officer

L.M. Arthur

ADMINISTRATIVE STAFF

Chief Administrative Officer

H.G. Hughes

R.C. Fennell D.M.A. (From 1.12.72).

Section Heads

S.D. Daniel

R.C. Fennell D.M.A.

Mrs. S.M. McCarthy D.M.A.

B. Oakley

F.P. Screen

Mrs. B.K. Stephens D.M.A.

Area Health Clerks

Area 1 Mr. K. Hamilton

Area 2 Mr. H. Rees

Area 3 Mr. C. Jackson

Area 4 Mr. W.C. Morgan

County Medical Officer's Secretary

Mrs. O. Parfitt

Administrative Officers - 9

Clerical Officers - 25

Typing Pool Supervisor

Mrs. D.G. Holland

Typists	-	5
Technician	-	1
Miscellaneous Officers	-	2
Clinic Clerks		
Full-time	-	4
Part-time	-	6

HEALTH COMMITTEE

Councillor E.J. Gibson, J.P., Chairman
Councillor O. James, M.B.E., Vice-Chairman

Alderman	P. Abraham	Councillor	R. Adams
..	L. Budden	..	(Mrs.) M. Edwards, J.P.
..	D.W. Evans, J.P.	..	V.L.H. Etheridge, J.P.
..	O. Edwards	..	W.V. Forbes
..	(Mrs.) L.P. Jones, J.P.	..	E.J. Gibson, J.P.
..	W.J. King	..	O. James, M.B.E.
..	(Mrs.) G.D. Morgan, J.P.	..	(Mrs.) O.G. Lloyd
..	A.J. Phipps	..	F. Matthews
..	F.O. Sainsbury, J.P.	..	R.G. Owen, J.P.
..	A.E. Smith	..	R. Pidgeon
..	F.I. Whatley, B.E.M., J.P.	..	R.S. Powell
..	A.C. Williams, B.E.M., J.P.	..	D.W. Puddle, B.E.M.
..	D.J. Williams	..	J.T. Rogers
..	J. Williams O.B.E., J.P.	..	D.H. Thomas
..	Mrs. M. Williams	..	K. Tiley

Co-opted Members (3)

Dr. T.R. Bryant (one vacancy)
Dr. F.S.A. Forbes

HEALTH STANDING SUB-COMMITTEE

Same Members as HEALTH COMMITTEE

SPECIAL SERVICES SUB-COMMITTEE

Alderman W.G. Bevan, Chairman
Councillor B.E. Chicken, Vice-Chairman

Alderman	W.G. Bevan	Councillor	B.E. Chicken
..	L. Budden	..	J.A. Davies
..	O. Edwards	..	(Mrs.) M. Edwards, J.P.
..	(Mrs.) L.P. Jones, J.P.	..	T. Gale, M.B.E., J.P.
..	W.J. King	..	A.P. Griffiths, M.B.E.
..	A.T.B. O'Neill, J.P.	..	W. Harry
..	A.J. Phipps	..	C.O. James
..	C. Rawlings, J.P.	..	F. Matthews
..	F.O. Sainsbury, J.P.	..	R. Pidgeon
..	E.J. Thomas	..	G. Powell
..	T.E. Walkley	..	R.G. Rice, B.E.M., J.P.
..	A.J. West, J.P.	..	(Mrs.) M. Strickland
..	F.I. Whatley, B.E.M., J.P.	..	K. Tiley
..	D.J. Williams	..	S.T. Williams
..	(Mrs.) M. Williams	Mr. S.R. Parry	
		(1 vacancy)	

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SECTION I

VITAL STATISTICS AND GENERAL MATTERS

VITAL STATISTICS AND GENERAL MATTERS

Area of administrative county	335,570 acres
Population 1972	351,660
Rateable value, 1st April, 1972	£12,029,865
Product of 1p rate 1st April, 1972	£115,816

POPULATION

The following table indicates the population changes in the County since 1901.

	Urban Districts	Rural Districts	County
Census			
1901	251,679	46,397	298,076
1951	275,191	44,377	319,568
1961	277,750	58,807	336,557
Registrar-General's estimate			
1972	280,800	70,860	351,660

The Registrar-General's mid year estimate of population for the administrative county for 1972 showed an increase of 1,800 over the mid year estimate for 1971. This increase resulted from a rise of 990 in urban districts and 810 in rural districts.

The fluctuations in various county districts is illustrated in the table on the following page.

District	Estimated mid-year home population 1971	Estimated mid-year home population 1972	Fluctuation in 12 months
Urban			
Abercarn	18,460	18,410	- 50
Abergavenny	9,290	9,290	Nil
Abertillery	21,220	21,040	- 180
Bedwas and Machen	12,600	12,750	+150
Bedwellty	25,280	25,460	+180
Blaenavon	7,150	7,040	- 110
Caerleon	6,600	7,290	+690
Chepstow	8,340	8,490	+150
Cwmbran	31,650	32,330	+680
Ebbw Vale	26,030	25,710	- 320
Monmouth	6,680	6,860	+180
Mynyddislwyn	15,360	15,390	+30
Nantyglo and Blaina	10,670	10,620	- 50
Pontypool	36,850	36,910	+60
Rhymney	8,010	7,920	- 90
Risca	15,810	15,710	- 100
Tredegar	17,870	17,660	- 210
Usk	1,940	1,920	- 20
Totals	279,810	280,800	+990
Rural			
Abergavenny	10,660	10,830	+170
Chepstow	16,170	16,420	+250
Magor and St. Mellons	19,850	20,120	+270
Monmouth	6,310	6,410	+100
Pontypool	17,060	17,080	+20
Totals	70,050	70,860	+810
Grand Totals	349,860	351,660	+1800

It is important that such fluctuations are closely observed as they may have a bearing on the provision and siting of services. One feature of medical provisions is a tendency for them to be preserved by tradition rather than need.

I am grateful to the County Planning Officer for the following details on population change in the County in recent years.

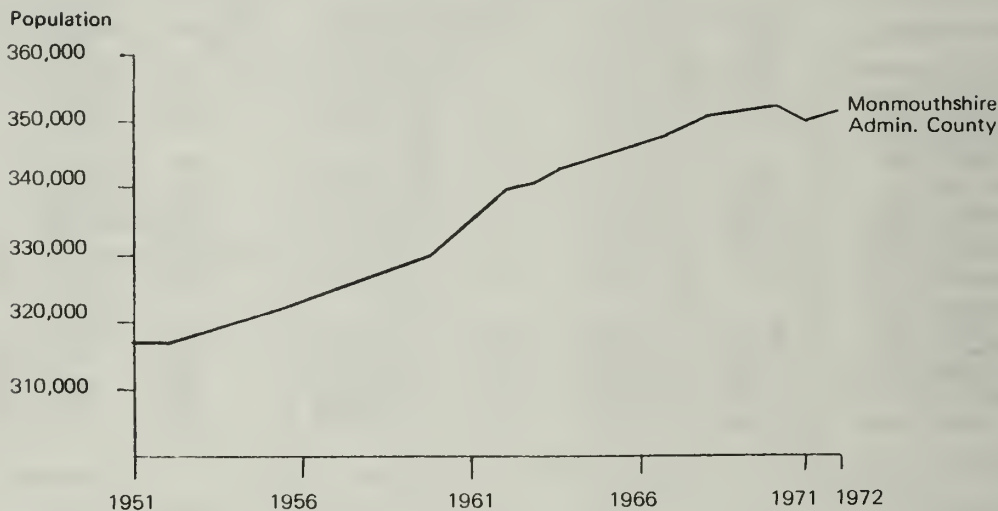
“Total population change is the result of changes in the rates of natural increase (the balance of births over deaths) and migration. The following table illustrates the differential effects of natural increase and net migration changes, particularly in certain valley authorities where high rates of net migration loss produce, in parts, low rates of natural increase.”

Total population change 1962 - 1972

Local Authority	Population 1962	Change No.	1962-1967 %	Population 1967	Change No.	1967-1972 %	Population 1972
Abertillery U.D.	25,009	- 1,779	- 7.0	23,230	- 2,190	- 9.4	21,040
Ebbw Vale U.D.	28,606	- 1,776	- 6.2	26,830	- 1,120	- 4.2	25,710
Nantyglo and Blaina U.D.	11,016	+ 64	+ 0.6	11,080	- 460	- 4.2	10,620
Rhydney U.D.	8,914	- 134	- 1.5	8,780	- 860	- 9.8	7,920
Tredegar U.D.	19,804	- 614	- 3.1	19,190	- 1,530	- 8.0	17,660
Upper Valleys	93,349	- 4,239	- 4.5	89,110	- 6,160	- 6.9	82,950
Abercarn U.D.	19,452	- 752	- 3.9	18,700	- 290	- 1.6	18,410
Bedwas and Machen U.D.	10,373	+ 1,067	+ 10.3	11,440	+ 1,310	+ 11.5	12,750
Bedwellty U.D.	27,346	- 1,216	- 4.4	26,130	- 670	- 2.6	25,460
Mynyddislwyn U.D.	15,518	+ 202	+ 1.3	15,720	- 330	- 2.1	15,390
Risca U.D.	14,180	+ 2,080	+ 14.7	16,260	- 550	- 3.4	15,710
Lower Valleys	86,869	+ 1,381	+ 1.6	88,250	- 530	- 0.6	87,720
Blaenavon U.D.	8,365	- 395	- 4.7	7,970	- 930	- 11.7	7,040
Cwmbran U.D.	23,126	+ 5,664	+ 24.5	28,790	+ 3,540	+ 12.3	32,330
Pontypool U.D.	39,575	- 2,215	- 5.6	37,360	- 450	- 1.2	36,910
Pontypool R.D.	15,226	+ 1,794	+ 11.8	17,020	+ 60	+ 0.4	17,080
Usk U.D.	1,898	+ 292	+ 15.2	2,190	- 270	- 12.3	1,920
Eastern Valley	88,190	+ 5,140	+ 5.8	93,330	+ 1,950	+ 2.1	95,280
Caerleon U.D.	4,010	+ 1,710	+ 42.6	5,720	+ 1,570	+ 27.4	7,290
Chepstow U.D.	7,209	+ 431	+ 6.0	7,640	+ 850	+ 11.1	8,490
Chepstow R.D.	11,968	+ 3,422	+ 28.6	15,390	+ 1,030	+ 6.7	16,420
Magor and St. Mellons R.D.	17,840	- 20	- 0.1	17,820	+ 2,300	+ 12.9	20,120
Coast	41,027	+ 5,543	+ 13.5	46,570	+ 5,750	+ 12.3	52,320
Abergavenny M.B.	9,826	- 136	- 1.4	9,690	- 400	- 4.1	9,290
Abergavenny R.D.	9,103	+ 667	+ 7.3	9,770	+ 1,060	+ 10.8	10,830
Monmouth M.B.	5,837	+ 183	+ 3.1	6,020	+ 840	+ 14.0	6,860
Monmouth R.D.	5,980	+ 160	+ 2.7	6,140	+ 270	+ 4.4	6,410
North East Mon.	30,746	+ 874	+ 2.8	31,620	+ 1,770	+ 5.6	33,390
Administrative County	340,181	+ 8,699	+ 2.6	348,880	+ 2,780	+ 0.8	351,660

The following diagram shows how the total population of the Administrative County has changed from 1951 to 1972. These figures include all persons living in the County including armed forces, students and long-stay patients in hospitals. The population of the County has increased by 11,480 persons in the last 10 years (1962 - 1972), a total increase of 3.4%. This rate of increase has tended to slacken in recent years from 2.6% for the five years 1962-1967 to only 0.8% between 1967 and 1972.

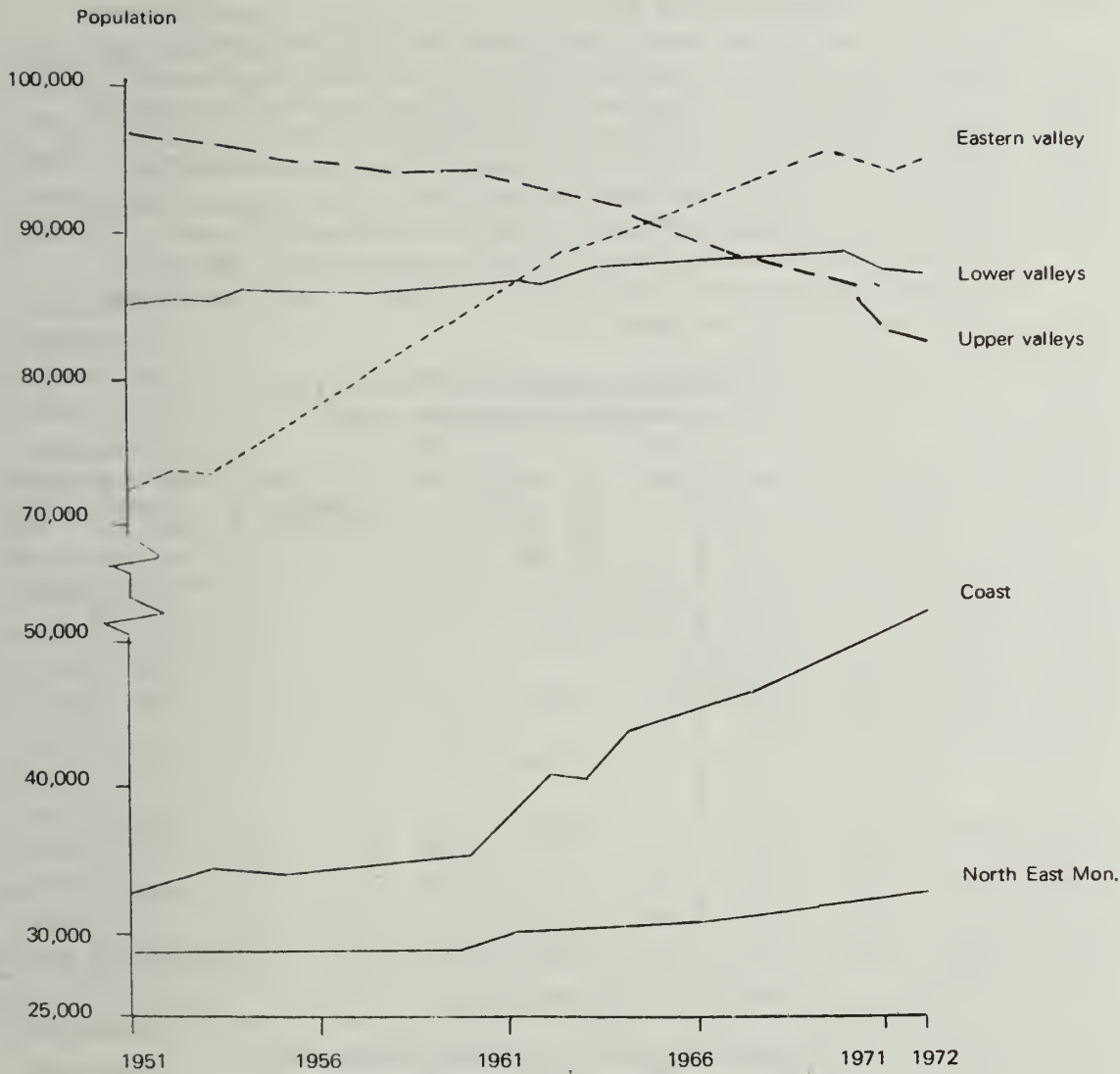
Total population 1951 - 1972



Source: Register General, Mid-Year Estimates.

The diagram overleaf clearly demonstrates the contrasting rates of increase and decrease in the sub-regions of the County. The Coast continued to be the fastest increasing sub-region, while the Upper Valleys' rate of loss declined even further to -6.9% in the last five years. The only sub-region to show any recent increase in the rate of growth is the Northeast, which has risen from +2.8% to + 5.6% since 1967.

Total population 1951 - 1972



Source: Register General, Mid-Year Estimates.

Age structure

The changes in the age structure of the population of the County between 1951, 1961 and 1971 are shown in the following table. The most significant single change is in the number of elderly people, aged over 65, which has increased by 27.7% over the last 20 years, compared with a 9.3% increase in the total increase in the total population. Also significant is the only age group to shown an absolute decline in numbers; the young adult group (aged 25 to 44) which decreased by 7,900 persons, a loss of 8.5%. Overall the proportion of dependent persons (children under 15 and the elderly) has risen from 34.4% of the total to 37.5%, (only marginally above the national average of 37.2%), an increase of 18.5%. The general effect of these changes since 1951, however, is to bring the County's age structure much closer to the national average.

Population Age Structure, 1951 - 1961 - 1971
Monmouthshire Administrative County

Age	1951		1961		1971		Change 1951-1971 %	England and Wales	
	No.	%	No.	%	No.	%		1951 %	1971 %
0 - 4	28,786	9.0	27,621	8.2	30,875	8.9	+ 7.3	8.5	8.5
5 - 14	48,779	15.2	55,199	16.4	58,045	16.7	+ 19.0	13.7	15.7
15 - 24	40,756	12.8	44,958	13.4	49,295	14.1	+ 21.0	12.9	14.5
25 - 44	92,682	29.0	90,233	26.8	84,780	24.3	- 8.5	29.8	24.1
45 - 64	76,054	23.8	82,372	24.5	84,650	24.1	+ 11.3	24.1	24.2
65 +	32,511	10.2	36,173	10.7	41,530	11.9	+ 27.7	11.0	13.0
	319,568	100.0	336,556	100.0	349,180	100.0	+ 9.3	100.0	100.0

Source: 1951 Census, 1961 Census, 1971 Census (advance analysis).
1971 figures are rounded to the nearest 5 and liable to
revision when the final tabulations are published.

1971 CENSUS. POPULATION CLASSIFIED BY SEX, AGE AND LOCAL AUTHORITY

MALES

Local Authority	0 - 4	5 - 15	16 - 44	45 - 59	60 - 64	65+	Total
Upper Valleys							
Abertillery U.D.	825	1,815	3,685	2,215	680	1,280	10,505
Ebbw Vale U.D.	1,145	2,265	4,845	2,460	770	1,430	12,915
Nantyglo and Blaina U.D.	450	1,030	1,895	1,015	295	555	5,240
Rhymney U.D.	300	775	1,445	800	235	425	3,985
Tredegarr U.D.	670	1,560	3,375	1,765	510	980	8,855
Lower Valleys							
Abercarn U.D.	720	1,735	3,475	1,785	485	960	9,160
Bedwas and Machen U.D.	620	1,240	2,520	1,045	260	480	6,170
Bedwellty U.D.	1,110	2,370	4,920	2,400	650	1,170	12,610
Mynyddislwyn U.D.	655	1,455	2,970	1,540	405	700	7,725
Risca U.D.	665	1,400	2,840	1,460	415	965	7,745
Eastern Valleys							
Blaenavon U.D.	255	560	1,235	720	275	530	3,575
Cwmbran U.D.	1,690	3,490	6,510	2,695	565	920	15,875
Pontypool U.D.	1,435	3,040	6,515	3,665	1,140	2,295	18,105
Pontypool R.D.	675	1,775	3,440	1,765	380	600	8,630
Usk U.D.	65	165	430	185	70	95	1,005
Coast							
Caerleon U.D.	305	535	1,320	500	150	260	3,075
Chepstow U.D.	365	795	1,490	705	190	420	3,975
Chepstow R.D.	725	1,815	3,140	1,345	340	775	8,140
Magor and St. Mellons R.D.	840	1,880	3,755	1,890	470	860	9,695
North East Mon.							
Abergavenny M.B.	335	775	1,585	920	250	585	4,455
Abergavenny R.D.	450	920	1,945	1,035	345	625	5,325
Monmouth M.B.	285	715	1,190	555	180	335	3,250
Monmouth R.D.	215	615	1,080	595	220	405	3,130
Administrative County							
Newport C.B.	14,795	32,735	65,610	33,055	9,290	17,660	173,150
	4,990	10,505	20,980	10,250	2,815	5,325	54,860

Total population and individual age groups are correct to the nearest 5. Because of this rounding total populations is not always equal to the sum of the constituent age groups.

1971 CENSUS. POPULATION CLASSIFIED BY SEX, AGE AND LOCAL AUTHORITY

FEMALES

Local Authority	0 - 4	5 - 15	16 - 44	45 - 59	60 - 64	65+	Total
Upper Valleys							
Abertillery U.D.	745	1,735	3,525	2,205	720	1,715	10,640
Ebbw Vale U.D.	1,070	2,190	4,520	2,550	835	2,000	13,155
Nantyglo and Blaina U.D.	470	1,000	1,830	980	310	795	5,385
Rhymney U.D.	295	705	1,380	805	225	660	4,075
Tredegar U.D.	710	1,520	3,135	1,820	545	1,385	9,110
Lower Valleys							
Abercarn U.D.	720	1,645	3,375	1,795	480	1,330	9,340
Bedwas and Machen U.D.	605	1,205	2,505	1,030	295	725	6,360
Bedwellty U.D.	1,045	2,260	4,585	2,440	685	1,715	12,720
Mynyddislwyn U.D.	600	1,325	2,885	1,480	435	935	7,655
Risca U.D.	645	1,325	2,835	1,495	475	1,315	8,095
Eastern Valleys							
Blaenavon U.D.	235	515	1,115	745	265	720	3,615
Cwmbran U.D.	1,605	3,150	6,625	2,525	570	1,325	15,795
Pontypool U.D.	1,340	3,030	6,290	3,755	1,240	3,265	18,925
Pontypool R.D.	645	1,670	3,410	1,750	345	855	8,685
Usk U.D.	65	170	335	190	70	185	1,025
Coast							
Caerleon U.D.	315	495	1,335	470	175	395	3,195
Chepstow U.D.	355	790	1,555	695	200	515	4,110
Chepstow R.D.	710	1,600	3,035	1,285	355	980	7,970
Magor and St. Mellons R.D.	830	1,785	3,835	1,940	490	1,255	10,140
North East Mon.							
Abergavenny M.B.	320	745	1,570	1,025	320	955	4,945
Abergavenny R.D.	410	850	1,825	1,010	295	940	5,340
Monmouth M.B.	250	530	1,080	635	190	640	3,320
Monmouth R.D.	220	565	1,030	640	170	520	3,145
Administrative County -							
Newport C.B.	14,200	30,825	63,635	33,265	9,675	25,140	176,735
	4,780	10,060	20,500	10,425	3,260	8,400	57,425

Total population and individual age groups are correct to the nearest 5. Because of this rounding total populations is not always equal to the sum of the constituent age groups.

Comparability factors

The birth and death rates of a community depend, to some extent, on the age and sex structure of that community, i.e. a community with a large proportion of old people would have a lower birth rate and a higher death rate than a community with a relatively young population.

In order that such variables may be taken into account when contrasting either the birth or death rates of different areas, the Registrar-General issues “comparability factors” which, when applied to crude rates, provide corrected rates which permit accurate comparison.

The following is a comparison of the principal rates for Monmouthshire and for England and Wales for 1972.

	Monmouthshire	England and Wales
Live births (adjusted)	15.8	14.8)
		) per 1,000
Deaths (adjusted)	13.1	12.1) population
Infant mortality	17.0	17.0) per 1,000
		) live births
Neonatal mortality	10.0	12.0)
Perinatal mortality	20.0	22.0)
		) per 1,000
Still-births	12.0	12.0) total births

**Principal vital statistics relating
to mothers and infants**

				1960	1967	1968	1969	1970	1971	1972
Number of live births	..	..	..	5,727	5,912	6,029	5,835	5,541	5,619	5,396
Live birth rate (crude) per 1,000 population	..	..	..	17.29	16.80	17.10	16.58	15.7	16.1	15.3
Illegitimate live births per cent of total live births	..	..	..	3.1	5.93	6.12	6.27	5.72	6.0	7.0
Number of still-births	..	..	..	160	102	110	92	87	90	65
Still-birth rate per 1,000 live and still-births	..	..	..	27.2	16.99	17.92	16.17	15.46	16.0	12.0
Total number of live and still-births	..			5,887	6,014	6,139	5,927	5,628	5,709	5,461
Total number of infant deaths (under 1 year of age)	..	..	..	146	129	113	121	117	85	90
Infant mortality rate per 1,000 total live births	..	..	..	25.5	21.82	18.74	20.73	21.12	15.0	17.0
Mortality rate of legitimate infants per 1,000 legitimate live births	..			25.4	21.57	18.72	21.02	21.64	15.0	17.0
Mortality rate of illegitimate infants per 1,000 illegitimate live births	..			28.0	25.64	18.97	16.39	12.62	16.0	11.0
Neo-natal mortality rate per 1,000 live births	..	..	..	17.6	14.08	13.76	14.22	14.26	10.0	10.0
Early neo-natal mortality rate per 1,000 live births	..	..	..	15.2	12.51	11.27	11.99	12.63	8.0	8.0
Perinatal mortality per 1,000 total live and still-births	..	..	..	42.0	29.09	28.99	27.33	27.9	24.0	20.0
Number of maternal deaths (including abortions)	..	..	..	Nil	3	4	2	1	1	Nil
Maternal mortality rate per 1,000 live and still-births	..	..	..	Nil	0.49	0.65	0.34	0.18	0.18	Nil

BIRTHS

During 1972 there were, according to the Registrar-General's return 5,396 live births in the administrative county and 65 still births. Further details are as follows:-

	Legitimate		Illegitimate		Totals	Comparability factor
	M	F	M	F		
Urban districts						
Live births	2,165	1,964	152	154	4,435	1.03
Still births	17	30	5	1	53	
Rural districts						
Live births	463	435	29	34	961	1.04
Still births	6	5	—	1	12	
Totals	2,651	2,434	186	190	5,461	1.03

The number of registered live births showed a decrease of 223 compared with the year 1971.

The live birth rate per 1,000 population for 1972, is compared with previous years and with those figures for England and Wales in the following table.

Year	Live births		Totals	Rate per 1,000 population		Rate for England and Wales
	Male	Female		Crude	Adjusted	
1962	3,161	3,033	6,194	18.17	17.99	18.0
1963	3,309	3,182	6,491	18.94	19.32	18.2
1964	3,369	3,172	6,541	18.76	19.14	18.4
1965	3,417	3,183	6,600	18.68	19.05	18.1
1966	3,117	3,046	6,163	17.53	17.88	17.7
1967	3,046	2,866	5,912	16.80	17.13	17.2
1968	3,029	3,000	6,029	17.10	17.44	16.9
1969	3,039	2,796	5,835	16.58	16.92	16.3
1970	2,859	2,682	5,541	15.7	16.01	16.0
1971	2,938	2,681	5,619	16.1	16.4	16.0
1972	2,809	2,587	5,396	15.3	15.8	14.8

The number of live births in the county during 1972 gave a crude live-birth rate of 15.3 per 1,000 population. As the comparability factor for the county is 1.03, adjustment converts this rate to 15.8 which compares with 14.8 for England and Wales. The diagram shows clearly the fall in the number of live births in the county since the early 1960's.



The number of still-births, 65 gives a still-birth rate of 12.0 per 1,000 live and still-births. The downward trend of recent years was once again evident. As late as 1965, the still-birth rate stood at the high level of 22.5 in Monmouthshire and the general decline is welcomed. The rate in this county was for the very first time similar to that for England and Wales, and was the lowest ever recorded.

Year	Still-birth rate in Monmouthshire	Still-birth rate in England and Wales
1961	23.39	19.0
1962	25.64	18.1
1963	22.88	17.2
1964	21.24	16.3
1965	22.50	15.8
1966	20.03	15.4
1967	16.99	14.8
1968	17.92	14.4
1969	16.17	13.0
1970	15.46	13.0
1971	16.0	12.0
1972	12.0	12.0

The number of illegitimate live births in 1972 was 369 which represents 7.0% of the total live births.

Infant deaths

The infant mortality rates for Monmouthshire and for England and Wales are compared in the following table.

Year	Monmouthshire	England and Wales
1963	25.57	21.1
1964	28.58	19.9
1965	21.21	19.0
1966	24.99	19.0
1967	21.82	18.3
1968	18.74	18.0
1969	20.73	18.0
1970	21.12	18.0
1971	15.00	18.0
1972	17.00	17.0

During 1972, 53 children died before reaching the age of 4 weeks. This represented a neonatal mortality rate of 10.0 per 1,000 related live births. The figure for England and Wales was 12.0 per 1,000 related live births.

There were 44 deaths of infants under 1 week of age giving an early neonatal mortality rate of 8.0.

Although higher than last year the infant mortality rate compares with the national figure. The improvement in recent years is a credit to the maternity services in the county.

Perinatal mortality

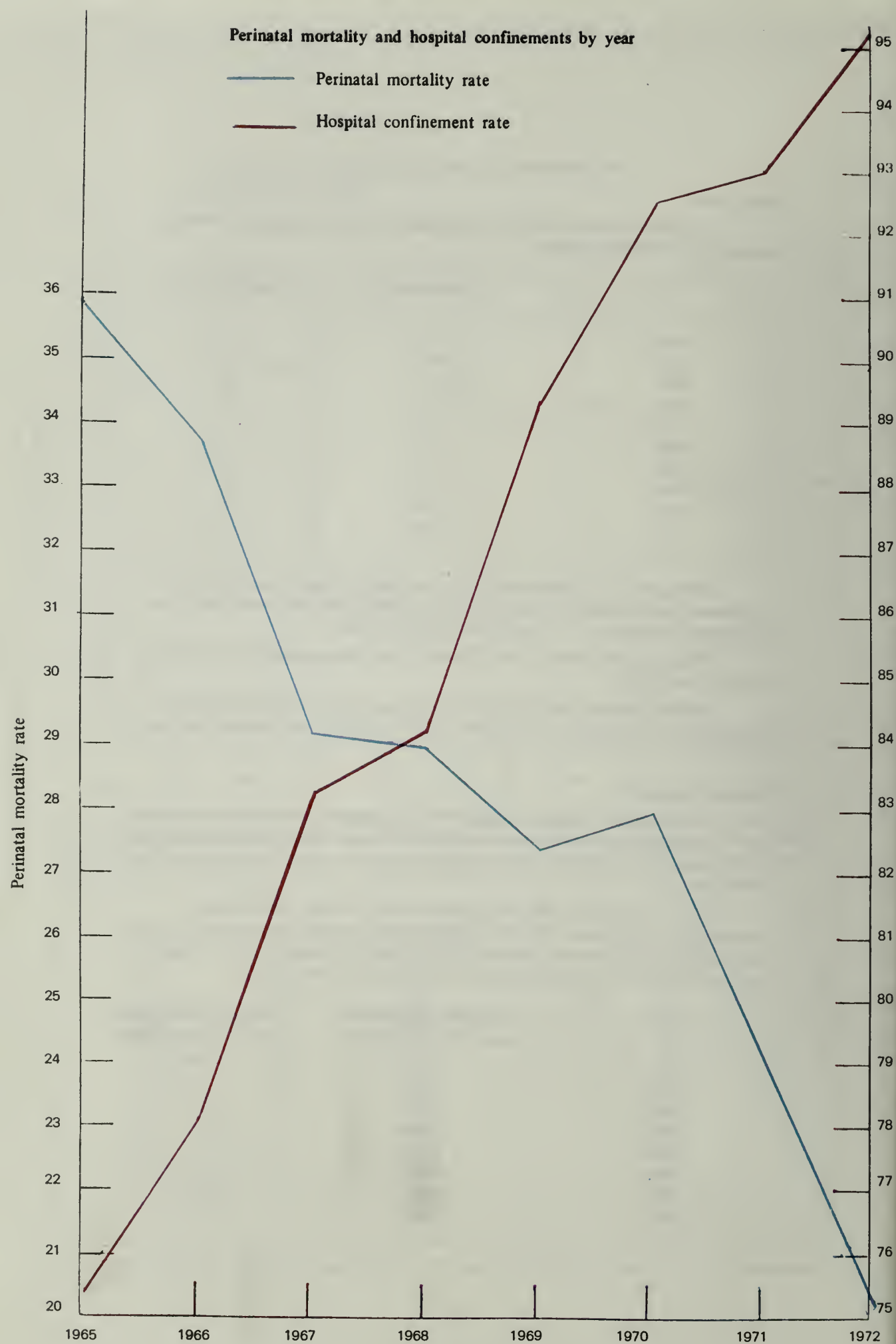
The perinatal mortality rate (still births plus deaths of infants under one week) in 1972 was 20.0 per 1,000 live and still births, the lowest ever recorded. The declining rate of perinatal mortality has been associated with an increase in the hospital confinement rate.

The accompanying table and graph show how the fall in the perinatal mortality rate has coincided with the sharp increase in hospital confinements. There can be no doubt that the hospital policy of early discharge of maternity cases, in order to accommodate as many expectant mothers as possible, has been justified.

Year	Perinatal mortality rate per 1,000 total births	Hospital confinements rate % of all confine- ments
1966	33.87	78.2
1967	29.09	83.2
1968	28.99	84.2
1969	27.33	89.5
1970	27.9	92.5
1971	24.0	93.05
1972	20.0	95.0

Perinatal mortality and hospital confinements by year

— Perinatal mortality rate
— Hospital confinement rate



Maternal mortality

No deaths were registered during the year from accidents and diseases of pregnancy.

Maternal mortality rates per 1,000 total births for the years 1961-1972 are shown below:-

Year	Monmouthshire	England and Wales
1961	0.98	0.34
1962	0.47	0.35
1963	Nil	0.28
1964	0.59	0.25
1965	0.59	0.25
1966	0.47	0.26
1967	0.47	0.26
1968	0.65	0.24
1969	0.24	0.19
1970	0.18	0.14
1971	0.18	0.17
1972	Nil	0.15

Registrar-General's return of births and infant deaths in Urban and Rural districts in 1972

District	Estimated mid-year home pop-ulation	Live Births				Still births				Deaths under 1 year of age				Deaths under 4 weeks of age				Deaths under 1 week of age				Comparability factors																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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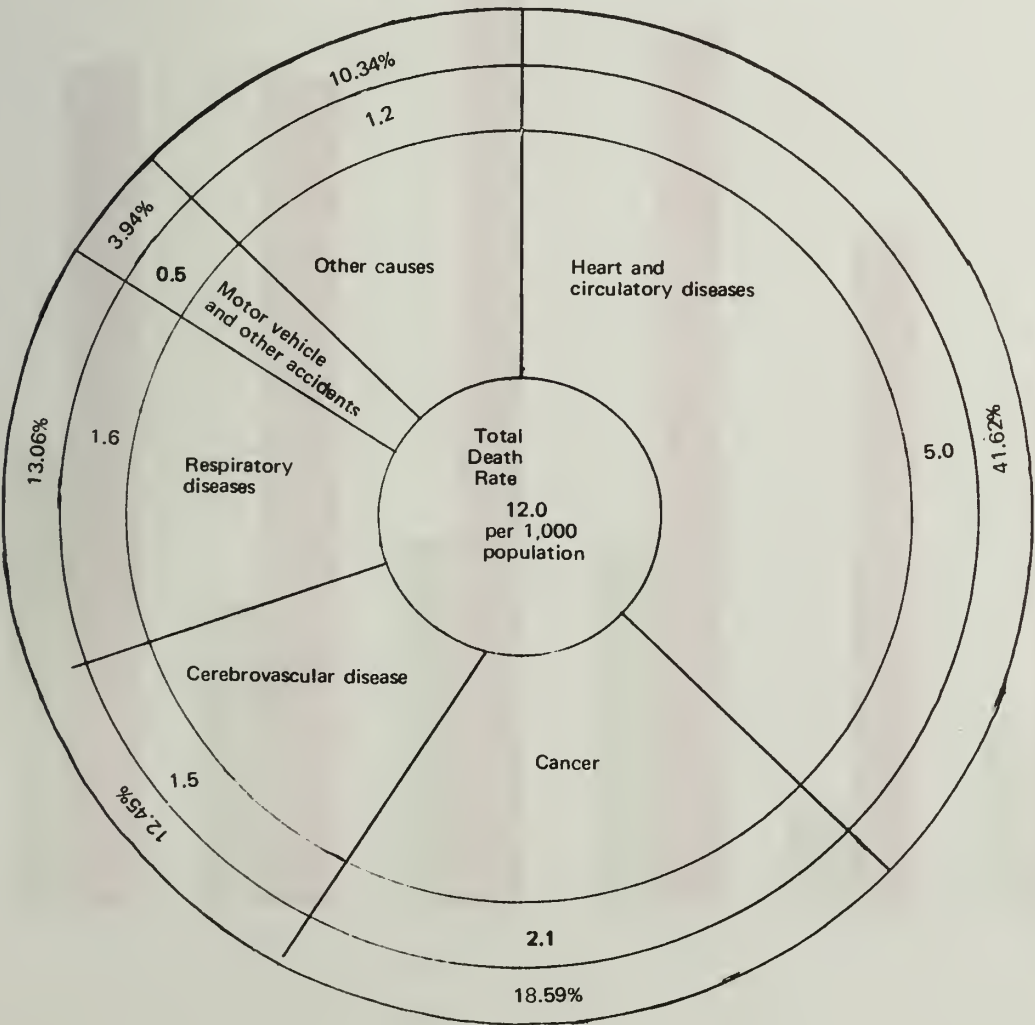
The total number of deaths registered in the administrative county as shown by the Registrar-General's return was 4,217. The following is a comparison of the adjusted death rates per 1,000 population, for 1972 and nine previous years with those for England and Wales.

Year	Monmouthshire	England and Wales
1963	13.67	12.2
1964	12.95	11.3
1965	12.31	11.5
1966	13.59	11.7
1967	12.87	11.2
1968	13.68	11.9
1969	14.00	11.9
1970	12.99	11.7
1971	13.40	11.6
1972	13.10	12.1

The tables on pages 21 and 23 set out all causes of death by age and county district. The chief causes of death for the county as a whole are summarised as follows:-

Cause	Total deaths	Percentage of total deaths
Heart and circulatory diseases	1,755	41.62
Cancer	784	18.59
Cerebrovascular disease	525	12.45
Respiratory diseases	551	13.06
Motor vehicle and other accidents	166	3.94
Other causes	436	10.34
All causes	4,217	100.00

Deaths from principal causes 1972
Rate per 1,000 population and percentage of total deaths

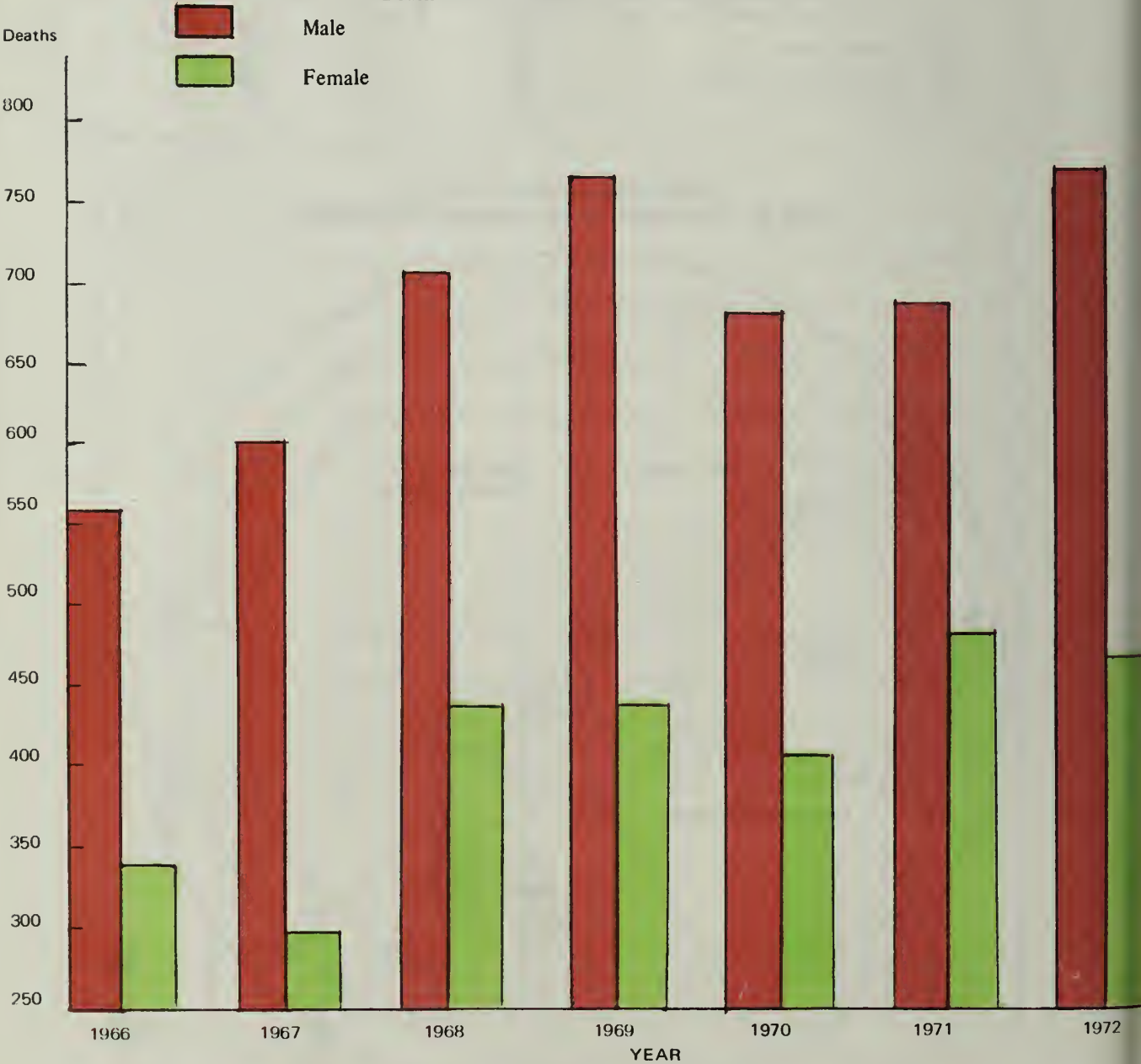


By far the main cause of death is related to diseases of the heart and circulation. Of the 1,755 deaths in this group 1,214 resulted from coronary artery disease. This is essentially a disease of middle life and some of the possible contributing factors such as excess weight, lack of exercise, smoking, etc., are avoidable and the disease is, therefore, one that has preventable elements of some significance.

Deaths from ischaemic heart disease by sex, age and year

Males						Females					
Age Group	1968	1969	1970	1971	1972	Age Group	1968	1969	1970	1971	1972
0 -	1	—	—	—	—	0 -	—	—	—	—	—
25 -	22	28	23	30	24	25 -	2	7	2	5	5
45 -	232	260	247	244	249	45 -	61	76	59	65	76
65 -	211	249	206	214	262	65 -	131	123	133	135	131
75 -	237	221	198	197	222	75 -	237	235	207	275	245
Totals	703	758	674	685	757	Totals	431	431	401	480	457

Deaths from ischaemic heart disease 1966 - 1972



Registrar-general's return of deaths from all causes, administrative county of Monmouthshire, 1972

TABLE 1

			Urban Districts Abercarn	Abergavenny M.B.	Aberthillery	Bedwas and Machen	Bedwelty	Blaenavon	Caerleon	Chepstow	Cwmbran	Ebbw Vale	Monmouth M.B.	Mynyddislwyn	Nantyglo and Blaina	Pontypool	Rhymney	Risca	Tredeggar	Usk	Rural Districts Abergavenny	Chepstow	Magor and St. Mellons	Monmouth	Pontypool
Causes of Death		Population	18410	9290	21040	12750	25460	7040	7290	8490	32330	25710	6860	15390	10620	36910	7920	15710	17660	1920	10830	16420	20120	6410	17080
		Deaths from all causes	214	133	317	127	304	122	68	98	240	329	72	189	156	521	100	224	235	25	160	150	208	79	146
		Total																							
B4	Enteritis and other diarrhoeal diseases	4	1	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	1	—	—	—	—	—	—
B5	Tuberculosis of respiratory system	6	—	—	—	—	1	—	—	—	—	—	—	2	—	—	—	1	2	—	—	—	—	—	—
B6(1)	Late effects of respiratory T.B.	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B6(2)	Other tuberculosis	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
B11	Meningococcal infection	5	1	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	1	—	1	—	—
B17	Syphilis and its sequelae	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B18	Other infective and Parasitic diseases	5	—	—	—	—	1	1	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	1	—
B19(1)	Malignant neoplasm, buccal cavity etc.	13	—	1	—	1	1	—	—	—	—	—	—	—	1	3	—	1	1	1	—	—	1	—	2
B19(2)	Malignant neoplasm, desophagus	26	2	2	2	—	4	—	—	2	2	4	—	—	—	1	—	1	2	1	—	—	2	1	—
B19(3)	Malignant neoplasm, stomach	109	8	2	9	1	8	4	2	3	7	7	2	6	6	12	5	7	7	—	2	5	4	—	2
B19(4)	Malignant neoplasm, intestine	108	1	2	10	3	8	4	—	4	7	6	—	4	5	15	4	6	7	1	2	4	5	5	5
B19(5)	Malignant neoplasm, larynx	2	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
B19(6)	Malignant neoplasm, lung, bronchus	186	11	3	22	3	9	5	4	4	16	15	3	7	4	28	5	14	8	—	7	3	9	2	4
B19(7)	Malignant neoplasm, breast	70	5	1	1	2	5	3	1	3	4	4	2	5	—	12	—	2	5	—	4	2	6	—	3
B19(8)	Malignant neoplasm, uterus	19	1	1	3	1	2	2	—	—	1	—	—	1	1	1	—	1	1	—	—	—	2	—	1
B19(9)	Malignant neoplasm, prostrate	31	2	1	2	—	2	—	—	—	1	4	1	2	—	4	—	6	2	—	—	2	1	—	1
B19(10)	Leukaemia	17	1	—	2	—	2	—	—	1	1	—	1	1	—	2	—	2	—	—	2	—	1	1	—
B19(11)	Other Malignant neoplasms	203	12	6	17	2	14	4	4	4	13	19	4	9	5	21	4	13	9	—	8	8	14	6	7
B20	Benign and unspecified neoplasms	13	—	—	—	—	1	1	—	—	—	2	1	3	—	2	—	1	—	—	—	1	1	—	—
B21	Diabetes mellitus	47	—	2	3	4	1	1	—	—	—	4	—	5	2	3	1	3	3	1	3	3	5	2	1
B22	Avitaminoses, etc.	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
B46(1)	Other Endocrine etc., diseases	19	1	1	2	—	1	—	—	—	2	2	2	2	1	1	—	—	—	—	1	1	1	—	1
B23	Anaemias	11	—	—	1	—	1	—	—	—	—	1	—	1	—	—	—	2	2	—	1	—	2	—	—
B46(2)	Other diseases of blood, etc.	2	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
B46(3)	Mental disorders	16	1	—	—	—	—	—	10	—	—	—	—	—	—	—	—	—	—	—	3	—	1	—	1
B24	Meningitis	3	1	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—
B46(4)	Multiple sclerosis	6	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—	1	1	—	—	—	—	—	1
B46(5)	Other diseases of nervous system	21	—	1	2	—	1	—	1	2	—	4	—	1	—	—	—	1	1	1	3	1	—	—	2
B26	Chronic rheumatic heart disease	64	2	1	11	—	—	3	—	—	1	6	1	—	8	13	2	6	3	—	—	—	5	1	1
B27	Hypertensive disease	81	3	2	14	2	7	1	—	—	3	9	—	3	4	7	2	5	3	1	2	3	5	—	5
B28	Ischaemic heart disease	1,214	69	45	73	45	97	30	13	33	78	86	18	61	51	154	25	63	62	7	30	56	55	20	43
B29	Other forms of heart disease	231	15	7	21	7	25	5	3	2	7	4	8	2	6	39	7	9	10	4	18	8	10	6	8
B30	Cerebrovascular disease	525	29	12	35	13	38	24	7	12	21	40	12	23	21	72	15	17	37	3	17	26	28	11	12
B46(6)	Other diseases of circulatory system	165	6	8	9	3	4	4	3	3	18	23	3	8	5	15	4	8	13	—	4	9	6	5	4
B31	Influenza	22	—	1	3	—	2	—	—	—	1	3	—	1	1	3	—	—	—	—	1	2	3	—	1
B32	Pneumonia	215	10	8	13	4	7	16	14	4	14	19	—	7	4	20	—	16	8	2	31	1	6	2	9
B33(1)	Bronchitis and emphysema	252	12	6	24	12	26	5	2	8	10	17	3	11	8	38	13	16	13	2	4	4	7	2	9
B33(2)	Asthma	11	—	—	3	1	—	—	—	1	1	2	—	—	1	1	1	—	—	—	—	—	—	—	—
B46(7)	Other diseases of respiratory system	51	4	1	2	4	7	2	—	—	4	3	—	4	1	6	2	2	3	—	—	2	2	—	2
B34	Peptic ulcer	24	1	1	1	1	2	—	—	2	1	1	1	2	2	4	—	2	1	—	—	—	2	—	—
B35	Appendicitis	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B36	Intestinal obstruction and hernia	16	1	—	—	2	1	—	—	—	2	3	—	1	—	—	—	2	3	—	—	—	—	—	1
B37	Cirrhosis of liver	18	1	1	1	—	5	—	1	—	—	—	—	1	1	—	—	—	1	—	1	1	2	2	—
B46(B)	Other diseases of digestive system	42	2	3	4	—	2	1	—	—	—	7	—	3	—	4	1	2	4	—	4	—	3	1	1
B38	Nephritis and nephrosis	22	—	3	—	1	1	—	—	—	—	4	—	1	2	1	1	1	4	—	—	—	2	—	1
B39	Hyperplasia of prostate	8	—	—	1	1	1	—	—	—	—	1	—	—	1	1	—	—	1	—	1	—	—	—	—
B46(9)	Other diseases, genito-urinary system	39	1	4	3	1	4	1	—	3	3	2	1	—	—	5	2	4	2	—	—	—	2	—	1
B46(11)	Diseases of musculoar-skeletal system	13	1	—	—	1	—	1	—	1	—	—	—	—	—	2	—	1	2	—	1	—	1	—	2
B42	Congenital anomalies	38	2	3	2	3	2	—	—	2	3	4	2	—	2	2	1	1	1	—	—	3	1	—	4
B43	Birth injury, difficult labour, etc.	13	—	—	2	1	—	—	—	1	2	—	—	1	—	—	—	—	2	—	—	1	—	2	1
B44	Other causes of perinatal mortality	16	1	—	2	—	—	—	—	—	4	3	1	—	—	1	—	1	—	—	3	—	—	—	—
B45	Symptoms and ill defined conditions	20	—	—	1	—	1	—	—	—	2	—	2	3	—	6	—	1	1	—	—	—	—	2	1
BE47	Motor vehicle accidents	56	1	1	5	5	3	1	—																

Registrar-general's return of causes of death by age and sex, administrative county of Monmouthshire, 1972

TABLE 2

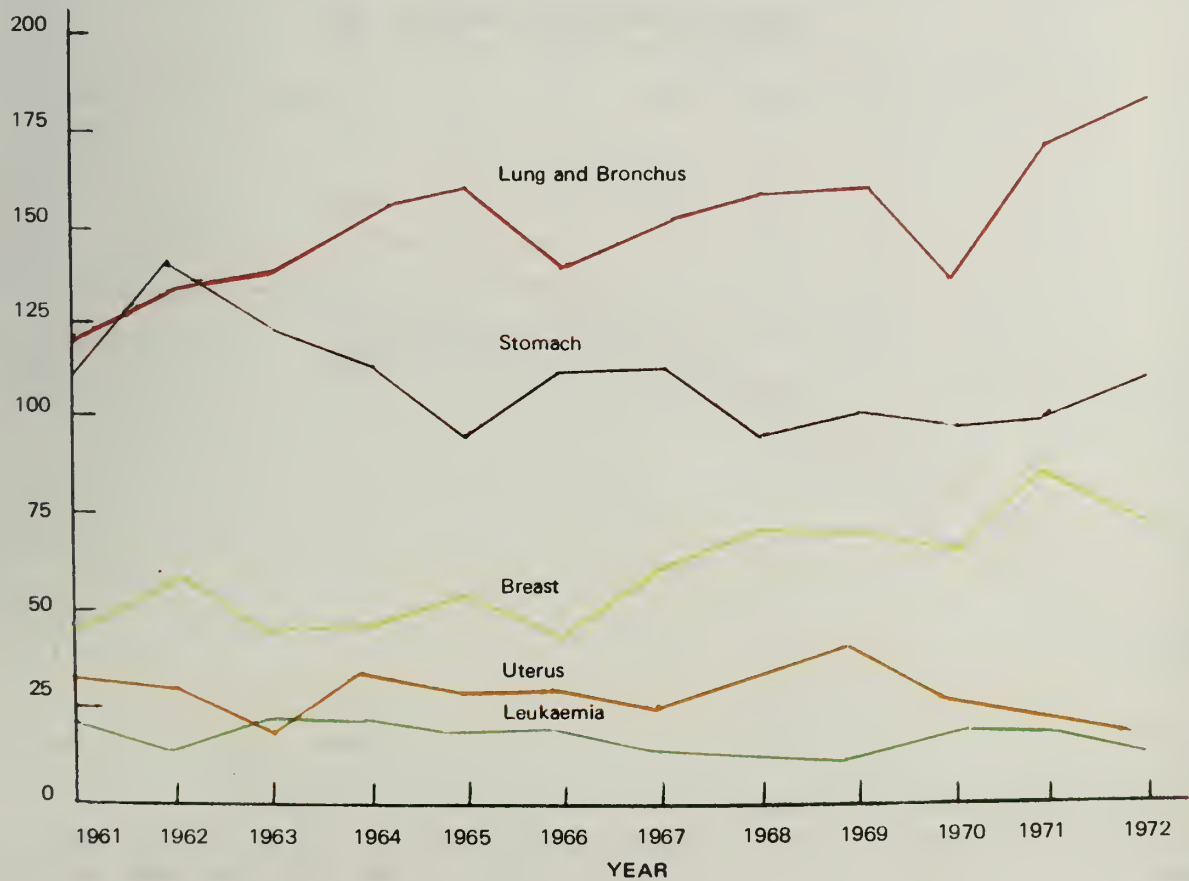
		Males											Females												
		0-4 Wks.	4 Wks. - 1 yr.	1 - 4	5 - 14	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 and over	Totals	0-4 Wks.	4 Wks. - 1 yr.	1 - 4	5 - 14	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 and over	Totals
B4	Enteritis and other diarrhoeal diseases	—	1	1	—	—	—	—	—	—	—	—	2	1	1	—	—	—	—	—	—	—	—	—	2
B5	Tuberculosis of respiratory system	—	—	—	—	—	—	—	—	2	3	—	5	—	—	—	—	—	—	—	1	—	—	—	1
B6(1)	Late effects of respiratory T.B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
B6(2)	Other tuberculosis	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—
B11	Meningococcal infection	—	1	—	1	1	—	—	—	—	—	—	3	—	—	1	—	—	—	—	—	1	—	—	2
B17	Syphilis and its sequelae	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
B18	Other infective and parasitic diseases	—	—	—	—	1	—	1	—	—	—	—	2	—	—	—	—	—	—	1	—	1	—	1	3
B19(1)	Malignant neoplasm, buccal cavity etc.	—	—	—	—	—	—	—	1	1	4	2	8	—	—	—	—	—	—	1	1	—	2	1	5
B19(2)	Malignant neoplasm, desophagus	—	—	—	—	—	—	—	2	2	7	4	15	—	—	—	—	—	—	1	—	2	4	4	11
B19(3)	Malignant neoplasm, stomach	—	—	—	—	1	—	1	5	15	23	18	63	—	—	—	—	—	—	—	2	9	15	20	46
B19(4)	Malignant neoplasm, intestine	—	—	—	—	—	—	1	3	10	27	13	54	—	—	—	—	—	—	—	2	6	23	23	54
B19(5)	Malignant neoplasm, larynx	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1
B19(6)	Malignant neoplasm, lung, bronchus	—	—	—	—	—	—	2	20	45	68	27	162	—	—	—	—	—	—	2	10	3	6	3	24
B19(7)	Malignant neoplasm, breast	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	15	23	14	10	70
B19(8)	Malignant neoplasm, uterus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	5	6	2	4	19
B19(9)	Malignant neoplasm, prostate	—	—	—	—	—	—	—	1	4	11	15	31	—	—	—	—	—	—	—	—	—	—	—	—
B19(10)	Leukaemia	—	—	—	—	—	—	3	3	4	2	2	11	—	—	—	—	—	—	1	—	1	2	2	6
B19(11)	Other malignant neoplasms	—	—	1	—	2	3	5	14	19	32	17	93	—	—	—	2	2	1	7	17	28	32	21	110
B20	Benign and unspecified neoplasms	—	—	—	—	1	—	—	1	1	—	2	5	—	1	—	—	—	—	2	—	4	—	1	8
B21	Diabetes mellitus	—	—	—	—	—	—	—	1	8	5	5	19	—	—	—	—	—	1	—	1	6	9	11	28
B22	Avitaminoses, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
B46(1)	Other endocrine etc. diseases	—	1	—	—	1	1	—	—	—	2	1	6	1	—	—	2	—	—	—	—	1	4	5	13
B23	Anaemias	—	—	—	—	—	—	—	—	—	—	7	7	—	—	—	—	—	—	—	—	—	2	2	4
B46(2)	Other diseases of blood, etc.	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	1
B46(3)	Mental disorders	—	—	—	—	—	—	—	—	—	4	1	5	—	—	—	—	—	—	—	—	1	1	9	11
B24	Meningitis	—	—	—	—	—	—	—	1	—	1	—	2	—	1	—	—	—	—	—	—	—	—	—	1
B46(4)	Multiple sclerosis	—	—	—	—	—	—	1	1	1	—	—	3	—	—	—	—	—	—	1	1	1	—	—	3
B46(5)	Other diseases of nervous system	—	1	—	—	1	—	1	1	5	2	1	12	—	—	2	—	1	—	1	1	2	2	—	9
B26	Chronic rheumatic heart disease	—	—	—	—	1	—	—	6	11	4	4	26	—	—	—	—	—	1	—	8	10	14	5	38
B27	Hypertensive disease	—	—	—	—	—	—	1	2	7	10	17	37	—	—	—	—	—	—	—	1	4	16	22	44
B28	Ischaemic heart disease	—	—	—	—	1	—	23	90	159	262	222	757	—	—	—	—	—	—	5	24	52	131	245	457
B29	Other forms of heart disease	—	—	—	—	—	—	1	1	5	34	55	96	—	—	—	—	—	—	—	4	8	28	95	135
B30	Cerebrovascular disease	—	—	—	—	2	—	—	9	42	85	98	236	—	—	—	—	—	2	2	6	26	96	157	289
B46(6)	Other diseases of circulatory system	—	—	—	—	—	—	—	4	6	20	35	65	—	—	—	—	—	—	2	4	3	16	75	100
B31	Influenza	—	—	—	—	—	—	—	—	—	3	2	5	—	—	—	—	—	—	—	1	3	4	9	17
B32	Pneumonia	1	4	—	—	—	1	—	4	13	23	54	100	2	3	—	—	—	—	—	4	6	25	75	115
B33(1)	Bronchitis and emphysema	—	—	—	—	—	—	2	9	30	70	81	192	—	—	—	—	—	—	—	4	8	18	30	60
B33(2)	Asthma	—	—	—	2	1	1	1	1	1	1	—	8	—	—	—	—	—	1	—	—	—	1	1	3
B46(7)	Other diseases of respiratory system	—	2	—	1	—	—	—	—	8	13	9	33	—	1	—	1	—	—	1	—	2	3	10	18
B34	Peptic ulcer	—	—	—	—	—	—	—	—	5	4	7	16	—	—	—	—	—	—	—	—	1	2	5	8
B35	Appendicitis	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
B36	Intestinal obstruction and hernia	1	4	—	—	—	—	—	—	1	1	2	9	1	1	—	—	—	—	—	1	—	1	3	7
B37	Cirrhosis of liver	—	—	—	—	—	—	—	1	3	2	1	7	—	—	—	—	—	—	1	—	2	5	3	11
B46(8)	Other diseases of digestive system	—	—	—	—	—	—	3	3	3	2	8	19	1	—	—	—	—	1	—	—	5	4	12	23
B38	Nephritis and nephrosis	—	—	—	—	1	—	—	5	1	3	1	11	—	—	—	—	—	1	—	1	3	5	1	11
B39	Hyperplasia of prostate	—	—	—	—	—	—	—	—	—	4	4	8	—	—	—	—	—	—	—	—	—	—	—	—
B46(9)	Other diseases, genito-urinary system	—	—	—	—	—	—	1	—	1	5	9	16	—	—	—	1	—	—	—	2	4	10	6	23
B46(11)	Diseases of muscular-skeletal system	—	—	—	—	—	—	—	—	—	2	2	4	—	—	—	—	—	—	—	—	—	3	6	9
B42	Congenital Anomalies	5	6	1	1	1	—	1	—	3	—	—	18	13	3	1	1	—	—	—	1	—	—	1	20
B43	Birth injury, difficult labour, etc.	6	1	—	—	—	—	—	—	—	—	—	7	6	—	—	—	—	—	—	—	—	—	—	6
B44	Other causes of perinatal mortality	9	—	—	—	—	—	—	—	—	—	—	9	6	1	—	—	—	—	—	—	—	—	—	7
B45	Symptoms and ill defined conditions	—	1	—	—	—	—	1	—	1	1	7	11	—	—	—	—	—	—	—	—	—	—	9	9
BE47	Motor vehicle accidents	—	—	4	6	13	3	1	2	3	2	4	38	—	—	1	2	8	—	—	1	2	1	3	18
BE48	All other accidents	—	1	2	3	2	4	9	11	7	6	14	59	—	1	1	—	2	—	1	4	6	12	24	51
BE49	Suicide and self-inflicted injuries	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	1	—	—	—	1
BE50	All other external causes	—	—	—	1	—	—	—	1	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Total all causes		22	24	9	14	26	18	56	204	428	749	752	2302	31	13	6	9	13	10	39	121	245	514	914	1915

There were 784 deaths from cancer and leukaemia in 1972 representing 18.59% of all deaths. These are summarised according to location and compared with statistics of previous years in the following table and graph.

Deaths from cancer and leukaemia 1963/72

Location	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Stomach	124	113	94	111	111	92	101	98	100	109
Lung and bronchus	132	154	160	140	153	161	161	137	172	186
Breast	48	49	55	46	61	73	72	66	87	70
Uterus	20	33	28	29	24	30	39	28	23	19
Leukaemia	22	23	18	20	16	15	13	20	22	17
Other forms	325	319	318	298	330	349	398	342	381	383
All forms	671	691	673	644	695	720	784	691	785	784

Deaths from cancer and leukaemia 1961/72



Deaths from cancer of the lung, so closely associated with cigarette smoking, were the highest ever recorded in this county.

Deaths from cancer of the lung by sex, age, and year

Males									Females								
Age Group	1950	1960	1967	1968	1969	1970	1971	1972	Age Group	1950	1960	1967	1968	1969	1970	1971	1972
0 -	—	—	—	—	—	—	1	—	0 -	—	—	—	—	—	—	—	—
25 -	5	6	2	5	2	2	2	2	25 -	2	3	1	1	2	2	—	—
45 -	27	63	76	63	68	56	59	65	45 -	9	5	2	12	14	12	11	—
65 -	10	49	56	50	52	39	62	68	65 -	2	2	4	9	5	7	5	—
75 -	3	7	9	19	17	15	26	27	75 -	1	1	3	2	1	4	6	—
Totals	45	125	143	137	139	112	150	162	Totals	14	11	10	24	22	25	22	—

Deaths from cancer of the lung 1950 - 1972



There were 19 deaths from malignant neoplasms of the uterus. To an extent this condition is also preventable and the department's cervical cytology service has continued to expand. However, because of the nature of the disease, it may take many years before we can expect reliable local statistical confirmation of the value of this service in preventing carcinoma of the cervix.

Deaths from cancer according to age, and location of the disease 1972

Location	Age (years)					Total
	0 -	25 -	45 -	65 -	75 -	
Stomach	—	2	31	38	38	109
Lung and bronchus	—	4	78	74	30	186
Breast	—	8	38	14	10	70
Uterus	—	2	11	2	4	19
Intestine	—	1	21	50	36	108
Buccal cavity	—	1	3	6	3	13
Oesophagus	—	1	6	11	8	26
Larynx	—	—	1	1	—	2
Prostrate	—	—	5	11	15	31
Other	7	16	78	64	38	203
Totals	7	35	272	281	162	757

The following table sets out by sex, deaths in the urban and rural districts and gives the rate per 1,000 population. These rates do not necessarily indicate the more favourable areas of the County for residence if longevity is desired.

Deaths by district for year 1972

District	Estimated population	Deaths				Area comparability factor	Adjusted rate
		Male	Female	Total	Rate per 1,000 of population		
Urban							
Abercarn	18,410	120	94	214	11.6	1.18	13.7
Abergavenny	9,290	72	61	133	14.3	0.91	13.0
Abertillery	21,040	170	147	317	15.1	1.05	15.9
Bedwas and Machen ..	12,750	79	48	127	10.0	1.44	14.4
Bedwellty	25,460	167	137	304	11.9	1.24	14.8
Blaenavon	7,040	59	63	122	17.3	0.87	15.1
Caerleon	7,290	34	34	68	9.3	0.81	7.5
Chepstow	8,490	55	43	98	11.5	0.77	8.9
Cwmbran	32,330	137	103	240	7.4	1.69	12.5
Ebbw Vale	25,710	185	144	329	12.8	1.09	14.0
Monmouth	6,860	31	41	72	10.5	0.88	9.2
Mynyddislwyn	15,390	106	83	189	12.3	1.23	15.1
Nantyglo and Blaina ..	10,620	87	69	156	14.7	1.12	16.5
Pontypool	36,910	288	233	521	14.1	0.99	14.0
Rhymney	7,920	63	37	100	12.6	1.11	14.0
Risca	15,710	132	92	224	14.3	0.97	13.9
Tredegar	17,660	128	107	235	13.3	1.00	13.3
Usk	1,920	16	9	25	13.0	1.16	15.1
Urban totals	280,800	1,929	1,545	3,474	12.4	1.10	13.6
Rural							
Abergavenny	10,830	64	96	160	14.8	0.49	7.3
Chepstow	16,420	76	74	150	9.1	1.21	11.0
Magor and St. Mellons ..	20,120	106	102	208	10.3	1.21	12.5
Monmouth	6,410	48	31	79	12.3	0.95	11.7
Pontypool	17,080	79	67	146	8.5	1.15	9.8
Rural totals	70,860	373	370	743	10.5	1.01	10.6
Grand totals 1972	351,660	2,302	1,915	4,217	12.0	1.09	13.1
Totals for year 1971 ..	349,860	2,247	1,948	4,195	12.0	1.12	13.4

SECTION II
MATERNITY AND CHILD HEALTH SERVICES

MATERNITY AND CHILD HEALTH

CHILD HEALTH SERVICES

The traditional pattern of work at child health clinics in the past has included routine examinations of new babies, immunisation and vaccination and advice on minor ailments. In recent years the concept of routine examinations at intervals during the child's early years has been introduced as a screening procedure for early detection of handicap. In forty seven of our fifty seven clinics, screening tests were carried out in 1972 although the numbers at some clinics were very small.

The accompanying table gives a breakdown of the work carried out by the medical officers during the year.

"New Baby" examination	Screening tests					Immunisation and vaccination procedures	Other consultations	No. of hearing tests
	6 wks	9 mths	1 yr	2 yrs	3 yrs			
4,566	742	637	709	213	96	21,610	11,272	3,303

Attendances, according to the age of the child, at clinic sessions are given below:-

No. of children who attended during the year				No. of sessions held by			
Born in 1972	Born in 1971	Born in 1967-70	Total	Medical officer	Health visitor	Family doctor	Total
4,985	5,672	10,785	21,442	3,043	2,075	66	5,184

Premises

The buildings in which clinics were held were altered in two instances - one by the transfer to a newly opened health centre (Abertillery) and one, by the substitution of the mobile clinic for unsatisfactory rented premises: details of buildings used for sessions are:-

Health Centres	6
Clinics/Purpose built	22
Adapted	13
Mobile	1
Premises (e.g. Church halls) occupied on a sessional basis	15
	—
Total	57
	—

Congenital malformations

Major malformations apparent at birth were notified on the birth card:-

Condition notified	No. of live born affected children	No. of still born affected children
Spina bifida	16	3
Anencephalus	2	16
Hydrocephalus	6	2
Down's syndrome	7	0
Cleft palate	2	1
Abnormalities of limbs including talipes	18	2
Malformation of urino-genital system	4	0
Malformation of heart and circulation	1	0
Others	10	4

Screening for metabolic disorders

The health visitors continued the practice of collecting urine specimens from all babies on about the 12th day of life and referring them to the Department of Metabolic Medicine at the University of Wales for detection of metabolic disorders. Babies providing samples found to be positive on two separate occasions, were referred to a paediatrician for further investigation.

Cases referred were as follows:-

Cystinuria	6
Glycosuria	0
Histidinuria	5
Proteinuria	2
Phenylketonuria	0
Tyrosinuria	3

"At Risk" register

As reported last year, the paediatricians covering the County agreed to notify high risk perinatal factors occurring in babies under their care. This enabled staff to follow up these cases at paediatric outpatient clinics at the Royal Gwent Hospital, Newport, and Nevill Hall Hospital, Abergavenny. At these clinics, medical officers carried out detailed developmental examinations and the results of their findings were reported to the paediatrician in charge of the case. A total of 42 babies were examined at the Royal Gwent Hospital and 60 at Nevill Hall Hospital.

In addition to perinatal factors, babies with a family history of squint, deafness or blindness from birth were added to the register.

All were referred to the appropriate clinic for screening.

Numbers referred:-

Family history of deafness from birth	7
Family history of blindness from birth	5
Family history of squint	56

The health visitors were required to report their own observations on babies on the "at risk" register at regular intervals throughout the first two years of the child's life.

Observation register

Children known to have major congenital malformation or suffering from conditions likely to interfere with normal development were placed on the observation register and examined during the first year of life; further assessments were carried out during the pre-school period, the final one being made within a few months of school entry, and the Director of Education was notified of those likely to require special educational facilities.

In addition to this formal notification, case conferences with members of the Director of Education's staff were arranged so that the problems of each case could be made known and discussed.

Details of children examined during the year are given below:-

Condition	Number of initial examinations
General retardation	60
Epilepsy or convulsions	12
Delayed speech	11
Major C.N.S. malformations	8
High risk perinatal factor	5
Cerebral palsy	4
Cleft lip and palate	4
Downe's syndrome	1
Miscellaneous	19
TOTAL	124

Re-assessment of children under observation:

(a) Excluding the pre-school examination	54
(b) Prior to school entry	38
TOTAL	92

SALES OF WELFARE FOODS

Orange juice ceased to be considered as a welfare food on 31st December, 1971, and sales during 1972 were of existing stock only. Cod liver oil, which ceased as a welfare food on 30th April, 1971, was similarly affected. Sales of National dried milk continued to decrease, but sales of the new vitamin drops have increased.

	Vitamin C Tablets	Combined A.D.&C. Tablets	National Dried Milk	Cod Liver Oil	Vitamin A & D Tablets	Children's Vitamin Drops	Orange Juice	Total Cost
1969	—	—	12,071	4,021	4,033	—	82,468	£8,069
1970	—	—	7,915	3,952	4,175	—	88,381	£7,806
1971	—	—	2,846	2,811	3,093	4,737	91,329	£6,984
1972	792	903	1,958	303	1,257	7,938	30,166	£2,974

Sales of proprietary brands of foods

Sales 1969 - 1972

1969	£26,000
1970	£28,500
1971	£32,300
1972	£28,100

In 1972 ten clinic clerks were employed for the sale of foods - four full-time and six part-time. Food was sold in 59 clinics, and in 18 of these the task was undertaken by health visitors.

There have been some price increases during 1972, so that the drop in sales is rather more than the above figures would indicate.

Health Department Buildings

During the year a building section of the health department was set up staffed by one senior medical officer, one senior administrative officer, and one clerical officer. The section handles all work on the capital building programme for both health centres and ambulance stations and channels requests for maintenance of existing buildings and supplies of furniture and equipment to the appropriate quarters.

In March a purpose-built six storey health centre costing £107,000 was opened in Abertillery, replacing old premises in Abertillery and Six Bells. The centre is occupied by four general practitioners with a total list size of 9,000. It is anticipated that more than 22,000 people, in the Abertillery area, will benefit by having together under one roof the family medical services, local authority school and dental health services, the registrar of births, marriages and deaths and a remedial workshop for the mentally handicapped.

The centre was officially opened on 25th October, 1972, by the Rt. Hon. Edward Short, M.P.

Blackwood ambulance station was also completed in 1972 at a cost of £70,703. The new station was occupied in early January, somewhat later than originally envisaged. This delay in completion caused problems as the lease on the former station at Maesrhyddyd House had expired, but temporary accommodation for the ambulancemen was obtained by utilising the Penllwyn clinic.

The station was officially opened on 8th December, 1972, by Councillor R. Owen, J.P.

An evaluative study of the Blaenavon health centre, which was opened in 1971, has brought to light several problems of planning and design and it is hoped that the information gathered from this study will be put to good use in the planning of future health centres.

At the end of 1972, the County Council was planning the following health centres and ambulance stations:-

Health centres

Financial year	Health centre	Number of Practitioners	Patients on general practitioners lists	Position reached by 31.12.72	Other comments
1971-72	Rhymney	4	8,700	Building to begin before 31.3.73. Contract signed for £76,501.81.	Delayed because of having to tender three times during 1972. Replaces 1948 health centre.
1972/73	Caldicot	7	14,000	To cost £51,476. Tenders expected in March 1973.	Extension of existing clinic.
1972-73	Trethomas/Bedwas	4	10,000	Cost £61,925 invitation to tender January 1973.	New health centre.
	Chepstow	7	17,000	Cost £90,444 invitations to tender February 1973.	New health centre.
	Ebbw Vale	6	9,500	? Cost. Accommodation and plans nearing finalisation.	Delayed because of more general practitioners coming in and community service requirements changing in preparation for 1974 re-organisation.
1973-74	Pontllanfraith	2	6,300	? Cost. Revised schedule of accommodation being prepared.	Delayed because the withdrawal of 4 general practitioners from the project.
1974-75	New Tredegar	6	7,500	Cost £82,500. Revised schedule of accommodation approved by Welsh Office and now with County Architect for sketch plans.	After first sketch plan drawn three more general practitioners decided to participate.
	Abercarn	6	16,000	Schedule of accommodation approved by Welsh Office and now with County Architect for sketch plans.	New health centre.
1974-75	New Inn	4	5,000	With County Architect and County Planning Officer re location and site.	Small new branch health centre without pharmacy.

Financial year	Health centre	Number of Practitioners	Patients on general practitioners lists	Position reached by 31.12.72.	Other comments
1975-76	Pengam	4	7,200	Schedule of accommodation approved by Welsh Office and now with County Architect for sketch plans.	Small new urban health centre without pharmacy.
	Raglan	2	3,000	Schedule of accommodation approved by Welsh Office. Location and site being investigated.	Small new rural health centre with dispensary but without pharmacy.
	Risca	6	14,326	? Cost. Schedule of accommodation prepared.	Extension to existing health centre.
	Rogerstone	3	8,211	? Cost. Schedule of accommodation prepared.	Extension to existing health centre.

Projects being investigated:-

- Caerleon - extensions to convert clinic to health centre (1 general practitioner).
- Garndiffaith - extension to convert clinic to health centre (3 general practitioners).
- Abersychan - new health centre (3 general practitioners).
- Cwmbran - (a) Town centre - extensions to convert clinic to health centre.
(b) Llanyrafon - new health centre.
(c) St. Dials - new health centre.

Ambulance Stations

Financial year	Ambulance station	Position reached
1972/73	Abergavenny	To be put into operation with effect from 31st March, 1973.
1973/74	Tredeggar/Ebbw Vale	Schedule of accommodation with County Architect. A new site is beng considered.
1975/76	Monmouth	Extensions to existing ambulance station.

Health Visiting

On the whole a very good relationship exists between general practitioners and health visitors. In March, 1972 the health visitors changed their pattern of work. They ceased to work in a geographical area, but took on a "case-load" which related to a group of general practitioners. The aim of this change was for better communication between doctor and health visitor and ultimately better patient care.

The establishment of health visitors during 1972 remained fairly constant. At the end of the year only one vacancy existed. However, several retirements are due during 1973, and recruitment within the County, during 1972, was not good.

The field-work instructor supervised the work of two students for nine months of the health visitors certificate course.

Cases visited by health visitors	Number of cases		
	1970	1971	1972
Total number of cases	27,755	28,870	31,199
Children born during year	5,556	5,299	5,492
Other children aged under 5	18,047	19,078	19,219
Persons aged 65 and over	820	490	1,682
Number of tuberculosis households visited	145	135	198
Number of households visited on account of other infectious diseases	48	45	65
Other cases	3,139	3,823	4,543

Type of case visited	Cases seen for first time this year	No. of cases included in col (a) seen at special request of		Number of re-visits
		Hospital	G.P.	
	(a)	(b)	(c)	(d)
Children born in present calendar year	5,492	51	92	14,470
Other children aged under 5	19,219	59	119	23,106
Persons aged between 5 and 16 seen as part of health visiting (i.e. excluding those seen as part of school health service).	1,130	41	82	753
Persons aged between 17 and 64	2,218	25	270	2,261
Persons aged 65 and over	1,682	27	737	2,792
Households visited on account of tuberculosis	198	20	9	180
Households visited on account of other infectious diseases	65	1	7	80
Households visited for any other reason	1,195	9	79	1,194
TOTAL:	31,199	233	1,395	44,836
Number of persons included in lines above who are:				
Mentally handicapped	152	2	15	211
Mentally ill	140	2	22	140

Maternity Services

Ante-natal clinics

Ante-natal clinics remained open in areas where alternative facilities were not readily available for expectant mothers. The number of clinics offering the service remain the same as in 1971. Details are shown below:-

No. of women in attendance				No. of sessions held	
For ante-natal examination		For post-natal examination			
1971	1972	1971	1972	1971	1972
924	859	358	225	344	347

Attendances at ante-natal classes showed a further decrease compared with the last two years:-

	1970	1971	1972
Number of mothers	1,056	1,040	940
Total attendances	5,564	5,417	4,999

Midwifery service

The midwifery service underwent no radical change during the year, but changes are being considered in respect of a closer relationship with the hospital services.

The number of patients attended by domiciliary midwives during 1972, was as follows:-

No. of confinements attended under National Health Service		No. of cases delivered in hospital and other institutions but discharged and attended by domiciliary midwives	
Doctor booked	Doctor not booked	Discharged within	
206	36	2 days	991
		3 - 7 days	2,682
		8 or more days	1,569
			5,242

Maternity Liaison Committees

The department was represented at meetings of the North Monmouthshire Maternity Liaison Committee and the Newport and East Monmouthshire Maternity Liaison Committee.

Premature births

In 1972 the premature birth rate was 7.31% compared with 7.15% in 1971. Three hundred and fifty nine premature babies were born alive and thirty eight were stillborn. Of those born alive, thirteen died within 24 hours, two died in the first week of live and three after the seventh day but before the twenty eighth day. This represents a neonatal death rate amongst premature births of 5.0% as compared with 3.0% last year. The accompanying table gives further details.

Weights at birth	Premature live births												Premature stillbirths	
	Born in hospital				Born at home or nursing home									
					Nursed entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
	Total births	Died			Total births	Died			Total births	Died			Born	
		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 day and under 7 days	in 7 days and under 28 days		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
1. 2 lb 3 oz or less	6	4	—	1	1	—	—	—	—	—	—	—	12	—
2. Over 2lb.3oz. up to and including 3lb.4oz.	14	5	—	—	2	—	—	—	—	—	—	—	9	1
3. Over 3lb.4oz. up to and including 4lb. 6oz.	53	3	1	1	3	—	—	—	—	—	—	—	8	—
4. Over 4lb.6oz. up to and including 4lb.15oz.	97	—	—	—	3	—	—	—	—	—	—	—	5	—
5. Over 4lb.15oz. up to and in- cluding 5lb. 8oz.	171	1	1	1	8	—	—	—	1	—	—	—	3	—
6. Total	341	13	2	3	17	—	—	—	1	—	—	—	37	1

Dental inspections and treatment

Dental inspections and treatment of expectant and nursing mothers and young children were undertaken by the dental staff of the school dental service.

All the dentures, crowns, inlays etc., provided at dental clinics were made by the departmental technicians in the laboratories at Cwmbran and Tredegar.

Details of the numbers of patients treated and the types of treatment given are as follows:-

A. Attendances and treatment

Number of visits for treatment during year:

First visit
Subsequent visits

Total visits

Number of additional courses of treatment other than the first course commenced during year

Treatment provided during the year - number of fillings

Teeth filled

Teeth extracted

General anaesthetics given

Emergency visits by patients

Patients X-rayed

Patients treated by scaling and/or removal of stains from the teeth (prophylaxis)

Teeth otherwise conserved

Teeth root filled

Inlays

Crowns

Number of courses of treatment completed during the year

Children 0-4(incl.)	Expectant and nursing mothers
602	136
514	298
1,116	434
4	8
771	282
574	204
406	314
180	36
103	28
13	8
120	58
359	—
—	—
—	15
—	2
417	142

B. Prosthetics

Patients supplied with full upper or full lower (first time)

Patients supplied with other dentures

Number of dentures supplied

—	14
—	49
—	76

C. Anaesthetics

General anaesthetics administered by dental officers

—

Attendances and treatment cont'd.

D. Inspections

- Number of patients given first inspections during year
- Number of patients in A and D above who required treatment
- Number of patients in B and E above who were offered treatment

Children 0-4 (incl.)	Expectant and nursing mothers
A. 811	D. 155
B. 606	E. 154
C. 602	F. 154

F. Sessions

- Number of dental officer sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients.
 - For treatment
 - For health education

- G. 146
- H. 46

SECTION III
SCHOOL HEALTH SERVICE

THE SCHOOL HEALTH SERVICE

In conjunction with the majority of health department activities day to day administration of the school health service was decentralised to four county areas, each with its own area office, instead of the previous 10 areas in 1972. The new arrangement has advantages in that medical officers are allocated to and deployed in definite areas so that eventually each officer will be responsible for a number of local schools. By this means each school will be able to recognise its designated doctor; so that co-operation can be built up for the greater benefit of the individual child and his parents.

Negotiations for the appointment of full-time school nurses to the larger comprehensive schools were completed and approved by the Education Committee during the year, but because of financial restrictions this new proposal had to be shelved. The school nurse would be able to provide service to the school community and form a close and constant link between the medical services, the child's home and the school.

The Government's decision to incorporate the School Health Service within the reorganised National Health Service is warmly welcomed, and it is to be hoped that the close links which have been forged with the educational services will continue to be strengthened and developed. In Monmouthshire we are on the threshold of an expansion of provision for the handicapped child which will need a period of sustained enthusiasm by all staff to bring the maximum benefit to the pupils.

Arrangements for medical inspections

Routine medical inspections were carried out in the traditional manner at three stages in the children's educational career:-

1. In the first year in school, (including those pupils who have moved into the County).
2. In the year before proceeding into secondary school - (pupils whose eleventh birthday falls in the current year).
3. In the final year of compulsory school attendance (pupils whose sixteenth birthday falls in the current year).

Personal invitations to parents, giving them the opportunity of being present at the examination if they wish, are sent out before each inspection. The co-operation of parents in attending the infant examination is high, but fewer parents attend the junior inspections and hardly any in the final year of compulsory school attendance. It is likely that this reflects the attitude of children as they mature from dependent childhood to independent adolescence.

	1971	1972
Periodic medical inspections	14,203	13,035
Re-inspections	3,901	3,881
Special inspections	264	509

The number of children attending schools in the County continues to rise, the figures for 1972 being particularly affected by the raising of the school leaving age.

A recent survey has shown that Monmouthshire's school child population is one of the highest for England and Wales, when Counties and County Boroughs of similar total population are compared.

The number of children on school registers at December, 1972, was:-

Type of school	Number of schools	Number of children		
		Boys	Girls	Totals
Nursery schools	10	344	328	672
Primary schools	269	21,416	20,457	41,873
Secondary schools	41	13,737	12,611	26,348
Special schools	8	266	111	377
Totals	328	35,763	33,507	69,270

DEFECTS FOUND AT MEDICAL INSPECTIONS

Defects found at periodic inspections

Defect or disease	Entrants		Leavers		Others		Totals	
	Requiring		Requiring		Requiring		Requiring	
	Treat- ment	Obser- vation	Treat- ment	Obser- vation	Treat- ment	Obser- vation	Treat- ment	Obser- vation
Skin	12	139	4	43	32	74	48	256
Eyes:-								
(a) Vision	114	241	93	161	222	224	429	626
(b) Squint	56	184	2	10	28	62	86	256
(c) Other	3	14	1	2	8	20	12	36
Ears:-								
(a) Hearing	46	101	1	5	38	41	85	147
(b) Otitis media	12	54	2	8	13	24	27	86
(c) Other	6	28	—	3	3	16	9	47
Nose and throat	86	681	7	34	70	155	163	870
Speech	32	138	—	4	10	23	42	165
Lymphatic glands	11	144	—	3	2	41	13	188
Heart	15	128	2	13	6	42	23	183
Lungs	8	188	—	19	5	73	13	280
Development:-								
(a) Hernia	13	72	—	—	4	10	17	82
(b) Other	28	213	6	14	25	73	59	300
Orthopaedic:								
(a) Posture	2	53	—	10	2	28	4	91
(b) Feet	10	146	—	12	10	32	20	190
(c) Other	12	105	—	24	3	24	15	153
Nervous system:								
(a) Epilepsy	1	33	—	5	1	28	2	66
(b) Other	1	63	—	7	2	28	3	98
Psychological:								
(a) Development	7	77	—	5	14	40	21	122
(b) Stability	3	64	—	7	7	23	10	94
Abdomen	10	69	2	5	6	28	18	102
Other	2	56	5	3	4	11	11	70

Defects found at special inspections

Defect or disease	Pupils requiring treatment	Pupils requiring observation
Skin	4	13
Eyes:		
(a) Vision	19	34
(b) Squint	5	8
(c) Other	1	—
Ears:		
(a) Hearing	5	15
(b) Otitis media	—	5
(c) Other	—	—
Speech	6	29
Nose and throat	4	20
Lymphatic glands	—	3
Heart	—	5
Lungs	—	11
Developmental:		
(a) Hernia	—	2
(b) Other	—	12
Orthopaedic:		
(a) Posture	—	5
(b) Feet	7	15
(c) Other	—	3
Nervous system:		
(a) Epilepsy	2	3
(b) Other	3	15
Psychological:		
(a) Development	4	48
(b) Stability	1	3
Abdomen	3	2
Other	39	32

**Pupils found to require treatment at periodic medical inspections
(excluding dental diseases and infestation with vermin)
by year of birth**

Age group inspected (by year of birth)	For defective vision (excluding squint)	For any other condition	Total individual pupils
1968 and later	20	97	114
1967	47	216	236
1966	45	131	155
1965	20	26	38
1964	3	8	11
1963	4	2	6
1962	19	19	35
1961	129	115	235
1960	33	46	72
1959	16	9	21
1958	24	7	27
1957 and earlier	69	25	88
Total	429	701	1,038

Physical condition of pupils

Medical officers are required to assess clinically, the general physical condition of each pupil submitted to a periodic medical inspection.

The following table summarises the findings of medical officers in 1972.

Age groups inspected (by year of birth)	No. of pupils inspected	Physical condition of pupils inspected	
		Satisfactory	Unsatisfactory
1968 and later	1,615	1,602	13
1967	3,383	3,375	8
1966	2,123	2,115	8
1965	465	465	—
1964	99	99	—
1963	52	51	1
1962	370	367	3
1961	2,183	2,178	5
1960	1,008	1,006	2
1959	215	215	—
1958	209	209	—
1957 and earlier	1,313	1,313	—
Total	13,035	12,995	40

Percentage of children considered of satisfactory physical condition 99.69%

Percentage of children considered of unsatisfactory physical condition 0.31%

Cleanliness

The table below sets out a comparison of the number of school children seen at cleansing examinations in the County during the last five years. The number needing to be excluded from school in 1972 was over three times the previous year's figure though fewer children were actually found to be infested. An increasing resistance of head lice to the recognised insecticides has demanded the exclusion of more pupils for the protection of other children in the school.

	1968	1969	1970	1971	1972
Number of children seen at cleansing examinations	41,260	29,941	22,449	38,553	35,244
Number of children seen at 1st revisit	1,113	390	1,224	3,625	5,321
Number of children seen at 2nd re-visit	417	113	871	2,445	1,444
Number of children infested	174	106	756	1,192	1,076
Number of children excluded from school	14	14	6	23	79

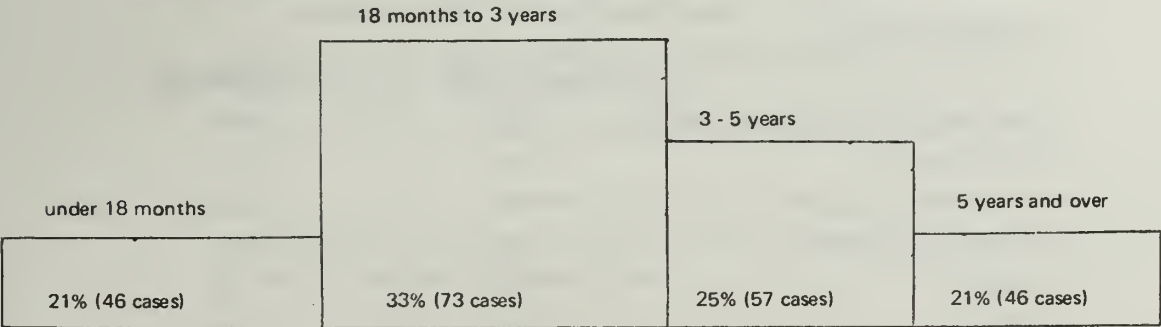
Defective vision, squint and other eye diseases

Mr. G.W. Hoare and Mr. Vaughan-Jones attended 64 consultant ophthalmic sessions at Nevill Hall Hospital, Abergavenny, and St. Woolos Hospital, Newport. Of the cases seen, 222 children attended for the first time.

Attendances at consultant clinics

No. of sessions	Appointments sent	Appointments kept	Pre-school children		School children	
			New cases	Old cases 1st visit	New cases	Old cases 1st visit
64	993	733	176	105	46	197

Set out below is a breakdown of new cases by age.



As was reported last year, 9 teenage children were fitted with contact lenses in 1971. 6 children (66%) benefitted considerably as assessed by the following criteria.

- (a) they recorded a better visual acuity.
- (b) they gave a better performance in school.
- (c) they were very grateful that they no longer had to wear very thick and heavy lenses in frames, and appreciated the marked cosmetic improvement.

Three children (33%) were unable to tolerate contact lenses, but they all agreed that their vision was better than with glasses.

These results are encouraging and contact lenses will be provided for those children who clinically require them in the future.

Refraction clinics

In 1972 refraction clinics were held in the 4 areas of the county, each area being responsible for providing a school nurse to attend the clinic with the medical refractionist.

It is hoped that by having the nurse, attached to the child's school, in attendance she will be able to provide better liaison between the clinic, the parent and the school staff.

Attendance rate

Area No. 1		Area No. 2		Area No. 3		Area No. 4	
Town	Att. rate %	Town	Att. rate %	Town	Att. rate %	Town	Att. rate %
Abertillery	74	Pontllanfraith	60	Blaenavon	66	Abergavenny	67
Blaina	66	Risca	61	Cwmbran	67	Caldicot	68
Ebbw Vale	67			Newport	56	Chepstow	68
Tredegarr	69			Pontypool	66	Monmouth	68
						Usk	65

A total of 3,755 children were examined at these clinics, 2,585 being old cases.

As a result of a new method of recording introduced in June, it is possible to indicate the source of referral of new cases. The results, set out below in percentage confirm the part played by medical officers and health visitors in referring young children to the clinics. The school entrant is included under school children and probably at least 60% of children are referred to the clinic at school entry.

Source of referral

	Pre-school child	School child
Medical officers and school survey	67%	76%
Health visitor	25%	6%
Parent	3%	10%
General practitioner	1%	1%
Hospital	1%	1%
Others	3%	6%
Total cases	423	747
	52.	

Diseases of the ear, nose and throat

Children whose main complaint was deafness, were seen at audiology clinics held in 7 special centres throughout the County.

No. of sessions	Appointments sent	Appointments kept	Pre-school children		School children	
			New cases	Old cases 1st visit	New cases	Old cases 1st visit
106	691	439	182	52	86	45

Total re-visions = 74

Health visitors carry out a "hearing screening" test on infants at 8 months of age, and those who fail are referred to an audiology clinic. In addition children born "at risk" those who have developed meningitis or have sustained skull fractures are automatically offered audiology appointments. Educational psychologists refer children with suspected hearing difficulties to the clinics where those school entrants who fail the hearing screening test are also seen. In 1972, 522 children out of 6,536 failed this screening test.

1972 showed a tendency towards earlier diagnoses and assessment of children with high frequency and moderate hearing losses, as a result of more efficient and enlightened screening in infant welfare clinics. When such losses are recognised at the pre-linguistic stage of maturation, parents are much more willing to accept the presence of a hearing impairment and are, on the whole, more co-operative and helpful than when similar hearing losses are not recognised until the second or third year of life. A large percentage of those diagnosed with a hearing loss (33%), however, were not brought forward for investigation until the age of between 2½ and 4 years, and in each of these cases the loss was obvious and severe (bi-lateral). At the end of a year's guidance these children showed more behaviour problems, frustration and much less linguistic development than those with similar losses who were diagnosed at an earlier age.

Twelve new pre-school children were confirmed as suffering from a significant hearing loss during the year and a further 10 were observed closely at home. Six of these latter cases were found to have no significant losses and 4 are still under observation, because of poor responses and retarded language development.

Of the 12 confirmed cases:-

- 1 was post-meningitic (very profound loss aged 5 years).
- 2 siblings (aged 4 and 6 years) were diagnosed as being sub-normal and partially hearing at Manchester University,
- 2 rubella babies (1 severely deaf, aged 3 years and 1 moderately deaf aged 2).
- 3 (aged 11 months, 20 months and 30 months) had high frequency losses.
- 4 (14 months, 18 months, 30 months, 4 years) had very severe or profound losses of a congenital idiopathic type.

During the year, a total of 33 children were given audiological training and guidance was given to their parents by the pre-school peripatetic teacher of the deaf.

Twenty nine of these wore individual hearing aids.
 Twenty four have permanent use of speech training aids.
 (15 were newly purchased).
 Nine homes were fitted for loop induction.

The children of parents who persevered with loop systems and used them sensibly gained more linguistic skills than others of comparable losses and ability. Improvement was noted in intonation and rhythm patterns; rate of utterance; intelligibility and comprehension. Two severely deaf children spoke in fairly intelligible sentences after about one year.

During 1972:-

10 children attended the infants partially hearing unit.
 9 children attended the junior partially hearing unit.
 8 children attended the secondary partially hearing unit.
 12 children attended a residential school for the deaf.

In addition, the peripatetic teacher of the deaf who deals with the partially hearing child educated in the normal school had a caseload of 54 children.

2 in infant schools.
 21 in junior schools
 31 in secondary schools

The service provided includes counselling parents, and giving advice on special educational problems to teachers with a partially hearing child in their class.

Ear, nose and throat clinics were held at 13 centres throughout the County, during the year.

Attendances at E.N.T. clinics

No. of sessions	Appointments sent	Appointments kept	Pre-School children		School children	
			New cases	Old cases 1st visit	New cases	Old cases 1st visit
206	3,273	2,207	81	47	519	1,088

Total re-visits = 472

Mr. J.L.D. Williams, F.R.C.S., and Mr. G.B. Leitch, F.R.C.S., saw children referred for further investigation and treatment at their consultant clinics held at Stanley Road, Newport.

Consultant Sessions	Appointments sent	Appointments kept	Pre-school children		School children	
			New cases	Old cases 1st visit	New cases	Old cases 1st visit
Mr. Leitch 24	398	286	19	4	161	66
Mr. Williams 19	362	259	6	—	175	50

Speech defects

In January, 1972, the speech therapy staff consisted of two full-time and four part-time therapists, the latter working only ten sessions between them. This position varied during the year, as Mrs. S. Clark became part-time (5 sessions a week) and two part-time therapists, Mrs. A. Cecil and Mrs. V. Banham worked two or more extra sessions a week.

This increasingly difficult staff situation made necessary some curtailment of services, in particular the visiting of some special classes at Cwmffrwdroer, Forgeside Junior schools and the special school at Nevill House, Garndiffaith, were unable to be fitted into the therapist's programme in the Pontypool area. It was also not possible to offer any help to adult patients, other than in an advisory capacity during 1972.

Clinics continued weekly, however, at Abergavenny, Abertillery, Blackwood, Chepstow, Cwmbran, Caldicot, Ebbw Vale, Llanmartin, Magor, Monmouth, Newport, Pontypool, Tredegar and Risca, and weekly visits were made by Mrs. A. Cecil to the special remedial classes at Bryngwyn School, Abertillery and Hafodyrynys Mrs. M. Price visited fortnightly the special units at Cwmearn, Hollybush and Waunllwyd Junior Schools, and also Ty Bont Special School.

The fluctuating staff changes created waiting lists of patients, with often a considerable delay between referral and assessment, and only a return to the full time complement of five speech therapists will ease this situation. It is hoped that in 1973 our repeated advertisements will be more successful.

In November 1972, the Government enquiry into speech therapy services, the Quirk Report, was published, recommending a staffing situation of one therapist per 5,000 school children. At least fourteen speech therapists would be required in the new County of Gwent accepting this recommendation.

THE SCHOOL DENTAL SERVICE

I am indebted to Mr. E.F.J. Sumner, Principal Dental Officer for the following report:-

Provision of comprehensive facilities for the dental health of school children continued with the emphasis, as usual, on conservation.

In spite of a slightly reduced dental staff the number of dental inspections performed showed an increase. The number of fillings of temporary and permanent teeth also increased while the number of extractions decreased.

Staff

Maintenance of adequate numbers of dental staff presented difficulties and changes in personnel again took place.

I regret to have to record the death, in March, of Mr. J.C. Morley, a valued and long serving member of the dental staff.

Mr. Ray Lawrence, Dental Officer, left the Authority in September to open a private practice. He joined the School Dental Service straight from University in 1970.

Mr. M.I. Thwaites, a part time Dental Officer, found the demands of his private practice so great that he resigned from the service.

Mr. S.J. Redding and Mr. P.A. Jenkins, both Area Dental Officers were granted permission during the year to attend courses for the purpose of obtaining the Diploma of Dental Public Health. The former attended a part time course of three days a week in London (working for two days per week) in order to take the examination for D.D.P.H., while the latter attended a full time course for the same purpose but with the inclusion of M.Sc.

Mrs. Thomas joined the staff as Dental Officer in June but resigned in September.

Mr. L. Holding, a sessional Dental Officer, became full time in September while Mrs. Ruth Morgan, who was previously employed as an Area Dental Officer, rejoined the staff in October as a senior Dental Officer.

Mr. M. Locke, a dentist with considerable experience in private practice commenced duties as a Senior Dental Officer in June.

Mr. R. Smith, a native of the Forest of Dean, who had been in private practice in Cardigan, returned to his home county and joined the staff as a Senior Dental Officer working mainly in the Chepstow and Caldicot area.

The above shows to what extent it is necessary to be on the alert with regard to recruitment of dental staff.

The five dental auxiliaries continue to prove valuable assets to the Authority. Their help in dental health education was greatly appreciated.

Numerous changes occurred in the staff of dental surgery assistants and the resignations included that of Mrs. Frances Taylor, a hospital trained dental surgery assistant, who found the travelling too much for her.

The staff of three dental technicians were kept fully occupied providing the orthodontic appliances, dentures and an ever increasing number of crowns. A large number of hearing aid inserts were also made by the Chief Technician, Mr. G.D. McKenzie.

Orthodontics

The demand for the provision of orthodontic treatment continued at a high level. This part of the dental service absorbed a large proportion of the clinical time of the Principal Dental Officer.

Appointments for treatment were well kept and marked interest was shown by pupils and parents.

With the ever increasing demand for orthodontic treatment, the employment of a full-time orthodontist will have to be considered in the future.

Valuable help was received from the Welsh Dental School in Cardiff and from the Bristol Dental School in the treatment of difficult cases referred to them.

Fluoridation of water supplies

There is no change to be reported in this field, there still being no indication of imminent implementation of policy except in one limited area in the north of the county.

It is important to stress the advantages of the fluoridation of drinking water supplies, particularly in young children where the effect is greatest at an age when the teeth are forming.

Fluoridation halves the number of teeth lost in children through dental decay.

Clinic premises

In October 1972 an important new clinic was opened at Abertillery and the facilities included two modern dental surgeries with a workshop for dental technicians and also office accommodation.

A new self-propelled mobile dental clinic came into use in September, a former one being used to treat children in the Garndiffaith and Caerleon areas where fixed dental surgeries are urgently needed.

Anaesthetics

The total number of general anaesthetics administered dropped from 9,162 in 1971 to 5,791 in 1972. Of the latter 290 were given by school dental officers, a decrease of 2,474 on the previous year while the remaining 5,501 were administered by Dr. Rees, a part time consultant anaesthetist and by Dr. Lewis, a general medical practitioner.

Routine dental inspections

Perusal of the table of dental inspections and treatments shows that the number of pupils first inspected at school was 61,548, an increase of 415 over 1971.

The number of sessions devoted to school inspections was 400 compared with 330 for last year.

The number of pupils inspected at clinics, having been absent at the time of the dentists' visit, was 3,360 which was 33 more than last year.

35,328 pupils were found, at first inspection at school or clinics, to be in need of dental treatment, all of whom were offered treatment.

In addition, at re-inspection at school or clinics 206 pupils were inspected and 139 of them found to require treatment.

Dental Treatment

Number of pupils inspected at school or clinic	64,908
Number found to require treatment	35,328
Number of fillings in permanent teeth	27,566
Number of fillings in deciduous teeth	9,260
Number of permanent teeth filled	19,885
Number of deciduous teeth filled	6,447
Number of permanent teeth extracted	4,666
Number of deciduous teeth extracted	9,387

School tuck shops

Several years ago the Authority banned the sale of sweets and chocolate biscuits etc. in school tuck shops but it was distressing to find at school dental inspections, that in many cases sweets etc. were still being obtained at such shops by pupils, thus making satisfactory inspections virtually impossible due to sticky residues on the teeth.

Evening clinics

The convenience of evening clinics was much appreciated by parents and older pupils.

Dental careers evenings

As in previous years, many schools were visited by dental officers and dental auxiliaries, on careers evenings, for the purpose of discussion with pupils and parents, the question of careers in dentistry.

Dental health education

The programme for dental health education was completely reorganised in 1972.

It was considered necessary to up-date and modernise the concept of dental health education so that it became comparable with modern thoughts on education. To do this the dental health organiser worked as one of a team with school staff. More time was allowed to each school and children were given instruction in their own classroom so that each group had individual attention.

Head teachers showed their appreciation of this new approach. Every consideration was given to allow the new programme to run smoothly.

Area dental officers also had greater involvement in dental health education in 1972, assisting the organiser to adjust the programme to meet the individual demands of different schools. Some dental officers also took part in dental health education by lecturing at comprehensive schools, training colleges and parent/teacher associations.

Child health clinics were visited as frequently as possible and it was found that young mothers were most eager to have instruction in dental health.

In service training was arranged for dental auxiliaries to enable them to carry out the educational aspects of their work more effectively.

Summary

The teaching of dental health in schools cannot win its just reward unless parents are also educated. Most children already know the finer points of good dental hygiene but just do not practice it. The fault lies with the parents and unfortunately with many schools. Bad diet is one of the most significant factors in the increase of caries. Only parents can influence the eating habits of children in primary schools. Many schools in Monmouthshire are still selling biscuits, crisps and in some instances even sweets. Head teachers in infants' schools often give a sweet as a reward for a lesson well done. If parents were fully aware of the dangers and really understood that sweets in schools really did help to destroy their children's teeth I am sure that they would complain of school tuck shops and help put an end to them. In view of this, more effort must be made to educate the adult for the children's sake. The groups of adults most easily accessible are:-

Parent/Teachers' Associations

Mothers at Ante-Natal Clinics

Dental auxiliaries

On the last Monday of each month the five dental auxiliaries attended the health department, Cambria House for a day's dental health study. Towards the latter part of 1972 a 'multi-choice' questionnaire was devised in order to try and ascertain the amount of dental health knowledge retained by the 9 - 10 year old of the County. A trial study was done on four schools in the Risca area. The schools were selected in pairs so that their numbers and the children's backgrounds and environments were comparable. Histograms were drawn up from the results obtained and these were then analysed. In all four cases it soon became obvious that certain aspects of dental health were lacking, diet being the most prominent. It is thought that when more studies are done in other areas the results will be similar. From these studies, which are the first of their kind in Wales, it is hoped that further insight into the re-organisation of the teaching of dental health in this County may be achieved - once again putting Monmouthshire ahead in the field of preventive dentistry.

Dental inspections and treatments

Attendances and treatment	No. of pupils aged 5 - 9	No. of pupils aged 10 - 14	No. of pupils 15 and over	Total
First visit	7782	6433	1720	15935
Subsequent visits	8773	10855	3512	23140
Total visits	16555	17288	5232	39075
Additional courses of treatment commenced	174	184	52	410.
Fillings in permanent teeth	4650	16124	6792	27566
Fillings in deciduous teeth	8346	914	—	9260
Permanent teeth filled	3308	11789	4788	19885
Deciduous teeth filled	5912	535	—	6447
Permanent teeth extracted	861	2772	1033	4666
Deciduous teeth extracted	7552	1835	—	9387
General anaesthetics	3598	1934	259	5791
Emergencies	1039	472	103	1614
Prosthetics				
Pupils supplied with full upper or full lower (first time)	—	1	5	6
Pupils supplied with other dentures (first time)	6	107	62	175
Number of dentures supplied	6	108	67	181
Number of pupils x-rayed		414		
Prophylaxis		3198		
Teeth otherwise conserved		3291		
Number of teeth root filled		58		
Inlays		1		
Crowns		244		
Courses of treatment completed		12438		
Orthodontics				
Cases remaining from previous year		296		
New cases commenced during year		304		
Cases completed during year		141		
Cases discontinued during year		6		
Number of removable appliances fitted		374		
Number of fixed appliances fitted		80		
Pupils referred to hospital or consultant		64		
Anaesthetics				
General anaesthetics administered by dental officer ..		290		
Inspections				
(a) First inspection at school				
Number of pupils		61548		
(b) First inspection at clinic				
Number of pupils		3360		
Number of (a) + (b) found to require treatment		35328		
Number of (a) + (b) offered treatment		34832		
(c) Pupils re-inspected at school or clinic		206		
Number of (c) found to require treatment		139		
Sessions				
Sessions devoted to treatment		5992		
Sessions devoted to inspection		400		
Sessions devoted to dental health education		473		

HANDICAPPED CHILDREN

A number of handicapped children have been placed at special schools within the County and elsewhere during the year, in an attempt to meet their educational and social needs, but increasing difficulty is being experienced with the multiple-handicapped child, as too many of the special schools are geared to catering for one handicap. For example, a maladjusted child also suffering from hearing loss and educational sub-normality, cannot be placed in a school for maladjusted children because they have no facilities for helping partially hearing children and only children of normal intelligence are admitted. Conversely the partially hearing schools are not prepared to accept maladjusted children, nor have they the facilities for coping with this handicap. Another example is the severely physically handicapped child who is also educationally handicapped; the pressure upon the school for physically handicapped children is so great that it has been necessary to set limits on the other types of handicap admitted and thus the child with the maximum burden of disabilities is likely to suffer most.

The number of Monmouthshire handicapped pupils accommodated in special day and residential schools at the 31st December, 1972, was as follows:-

Delicate

The Gear, Newport	3
St. Lawrence Hospital school, Chepstow	7

Maladjusted

The Gaer, Newport	1
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Educationally sub-normal

Westfield special day school, Newport	10
Oakdene special school, Cinderford	4
Dean Hall special school, Coleford	3
Greenfield school, Newport	33
*Rectory special school, Hafodyrynys	79
*Neville House special school, Garndiffaith	60
*Ty Bont special school, Tredegar	45
Ty Gwyn special school, Cardiff	2

Where handicapped pupils could not be satisfactorily placed in ordinary school or in a special day school, residential schooling was arranged, and the number accommodated in such schools at 31st December, 1972, was as follows:-

Blind and partially sighted

Ysgol Penybont, Bridgend	18
Royal Normal College for the Blind, Shrewsbury	1
Sunshine House nursery school, Southerndown	1
Hethersett Centre, Surrey	1
Worcester College for the Blind	1
Condover Hall, Shrewsbury	2

Deaf and partially hearing	
Llandrindod Wells	14
St. John's Boston Spa, Yorkshire	2
Glamorgan residential nursery school for the deaf	3
Educationally sub-normal	
*Llanfrechfa Grange hospital educational unit	25
Mount School, Midhurst, Sussex	1
*Castle Hill, Chepstow	61
Ysgol Cefn Glas, Bridgend	21
St. Christopher's Bristol	1
Besford Court, Worcester	1
Bryn Llywarch residential school, Montgomeryshire	2
Puddleston Court, Leominster, Hereford	4
Hendre Bryn Coch school, Neath	1
Sunfield Homes, residential school, Stourbridge	1
Botleys Park hospital school, Surrey	1
Hensol hospital school, Pontyclun	1
Epileptic	
Lingfield hospital school, Surrey	2
Psychotic	
*St. Cadoc's Hospital, educational unit, Caerleon	12
Maladjusted	
*The Mount, Chepstow	6
Pitt House, Torquay	1
The Rocklands, Chudleigh, Devon	1
Physically handicapped	
Meldreth Manor school, Herts	1
Erw'r Delyn, Penarth	30
Hinwick Hall, Northants	1
Delicate	
*Mounton House, Chepstow	27
Monmouthshire schools are marked with asterisk.	
At the end of the year, the number of handicapped pupils on the register was:-	
Blind	16
Partially-sighted	15
Deaf	16
Partially-hearing	97
Educationally sub-normal	531
Epileptic	28
Maladjusted	105
Physically handicapped	185
Speech defect	25
Delicate	50
	1068

Home tuition was provided for 107 pupils during the year.

Special transport arrangements were made for 163 pupils during the year.

Miss C.A. Morris, Careers Officer, has contributed the following article on the employment prospects of handicapped young persons:-

The period of high unemployment has, inevitably, made the employment prospects for handicapped young persons more difficult than hitherto. Despite the decrease in the demand for young people, those with minor physical handicaps and of average intellectual ability have been placed in employment without very much difficulty. Employment opportunities for young people with limited intellectual ability have been few so that those who are handicapped both by physical disability and by limited intelligence have had little prospect of securing employment.

There has been a disparity of opportunity between boys and girls. There are several firms engaged in clothing manufacture and food manufacture which offer suitable opportunities to girls for occupations demanding comparatively little skill and training is well organised by these firms. Most of the new industries employing male labour have tended to operate the continental shift system and, since boys under the age of 18 years are prevented by law from working night shifts, there are very few corresponding opportunities for boys.

The two remedial workshops at Pontllanfraith and Abertillery provide facilities for assessment and preparation for employment for those school-leavers who by virtue of emotional immaturity, limited intelligence or physical disability are not suitable for immediate entry into open industry. The workshop at Pontllanfraith has been in operation for five years while that at Abertillery opened in August last. Both were originally planned by the Health Department but since last year have become the responsibility of the Social Services Department. Work provided by local employees is undertaken by young people at the workshops where guidance in the use of tools is given by instructors. Supervision given to day-to-day behaviour, relationships with other workers and to work attitudes is, however, of even greater importance in helping handicapped young people to adjust to the conditions which they will find later when they enter industry. At present, because of the unfavourable economy, the work leased out to the remedial workshops is limited in both quantity and variety. It is hoped, now that the employment position shows signs of improving, that the workshops will be able to provide a greater variety of occupations so that the task of assessment and preparation can be more fully accomplished.

Shorter assessment courses are available at the Industrial Rehabilitation Unit at Cardiff which is provided by the Department of Employment. These courses are usually of three weeks' duration and are of benefit to the physically handicapped in ascertaining the tasks that they can undertake successfully. They are of help, also, to those academically less able young people who, perhaps because also of social disadvantages, have been unable to settle into employment and have lost self-confidence.

Short courses of this nature cannot be expected to achieve complete re-adjustment in the attitudes of all who attend but, for many young people, they serve to generate an enthusiasm which helps them to overcome earlier difficulties. The fact that there is no hostel accommodation available in Cardiff for young people attending the Rehabilitation Unit is a disadvantage since daily travelling is not possible from the most northern part of Monmouthshire and some parents do not agree that their sons or daughters should enter lodgings.

Employment under sheltered conditions is provided at the two Remploy factories and by the Monwel Works at Tredegar and Griffithstown. Vacancies have been very few. The unfavourable economic climate has affected these factories also and new contracts to provide additional occupations have been very difficult to secure.

The co-ordinating committee of officers to deal with the problems of handicapped young people who leave school has continued to function although one representative from Social Services Department now replaces the several representatives who originally attended from Welfare, Child Care and Mental Health departments. During the year ending 31st December, 1972, a total of 105 cases (50 boys and 55 girls) were considered by the co-ordinating committee; of these, 67 were educationally backward and immature while some had both physical and mental handicaps. It is essential that full information is available about these young people so that their abilities as well as their limitations can be understood before employment is sought for them. Careers officers are grateful for the help which they receive from school medical officers and educational psychologists who undertake special medical examinations and assessments to provide the information which is so necessary for successful vocational guidance. Officers of Social Services Department are sometimes able to provide help to the physically handicapped which can improve mobility or ease the difficulties of daily life while supervision after leaving school is provided for those young people of very limited intelligence.

The Employment Medical Advisory Service Act will become effective on 1st February, 1973, and will provide for the closer medical supervision of young persons suffering from any kind of disability who enter employment covered by the Factories Act. The identification of these young people will be the responsibility of officers of the Youth Employment Service who will depend upon the information provided to them by officers of the School Medical Service. The co-ordination which has always existed between officers of the two departments and which has widened as a result of the Officers' Co-ordinating Committee augurs well for successful implementation of the Employment Medical Advisory Service Act.

Details of cases referred to child guidance clinic
service at the Grove Clinic, Tredegar

Number of cases brought forward from 31.12.71			270
Number of cases referred in 1972 by:			
A. Medical Sources:			
County clinics	24		
Family doctors	9		
Hospital consultants	7		
		40	
B. Educational Sources:			
Education psychologists	20		
Head teachers	14		
School welfare officers	7		
		41	
C. Other Agencies:			
Probation officers	5		
Social Services Department	5		
Parents	3		
		13	94
			364
Number of cases closed during the year			25
Number of cases transferred to Nevill Hall			19
Number of cases continuing to 1973			320

During the year there were 45 sessions; 71 cases seen and 219 attendances made.

The types of examination and/or treatment provided at the school clinics are shown in the following table:-

Average no. weekly sessions								
Clinic	Ophthalmic	Ear, nose and throat Audiology	Speech therapy	Physiotherapy	Orthoptic	Child guidance	Surgical consultation	Dental
Abergavenny	0.4	0.4	0.8	-	-	-	-	2.0
Abertillery	0.4	0.4	1.6	-	-	-	-	6.0
Blackwood	-	-	2.4	-	-	-	-	11.5
Blaenavon	0.1	0.1	-	-	-	-	-	3.5
Blaina	0.4	0.1	-	-	-	-	-	2.2
Caldicot	0.4	0.3	2.6	-	-	-	-	6.1
Chepstow	0.5	0.2	0.9	-	-	-	-	4.8
Cwmbran	1.5	1.0	1.8	-	-	-	-	12.0
Ebbw Vale	1.0	0.2	1.6	-	-	-	-	9.6
Llanmartin	-	-	0.8	-	-	-	-	-
Monmouth	0.2	0.2	0.8	-	-	-	-	1.9
Newbridge	-	-	-	-	-	-	-	3.5
Newport	0.6	2.0	1.5	10.0	8.0	-	0.2	6.0
New Tredegar	-	-	-	-	-	-	-	1.2
Pontypool	1.2	0.3	1.0	-	-	-	-	10.1
Pontllanfraith	1.1	1.0	-	-	-	-	-	-
Rhymney	-	-	-	-	-	-	-	2.5
Risca	0.6	0.5	1.6	-	-	-	-	11.6
Tredegar	-	-	-	-	-	-	-	3.6
Tredegar (Grove)	0.9	0.4	1.7	-	2.0	0.9	-	-
Usk	0.2	-	-	-	-	-	-	-

SECTION IV

CARE AND AFTER CARE

CARE AND AFTER CARE

Community Nursing

During 1971 the community nursing services underwent radical reorganisation. The work of district nurses, midwives and health visitors has much in common with that of general practitioners. Each contributes to the care and well being of patients in their own homes, and consequently better patient care can be achieved if these services are linked together. For this reason the work of the district nurses and health visitors was changed from being focused to a geographical area, to a case-load relating to the patients of a group of general practitioners.

Health visiting and midwifery are dealt with in more detail in Chapter II, Maternity and Child Health Services.

District nursing service

It was anticipated that the work of the district nurse would increase as a result of close working relationships with general practitioners and earlier discharge from hospital. The work of the district nurse increased nine per cent during the year in terms of the number of visits made.

Total visits in 1971 was 293,000

Total visits in 1972 was 319,749

Much of the work of the district nurse is spent caring for the elderly. The following table shows that 70.83 per cent of the district nurses time is spent with patients over the age of sixty-five years.

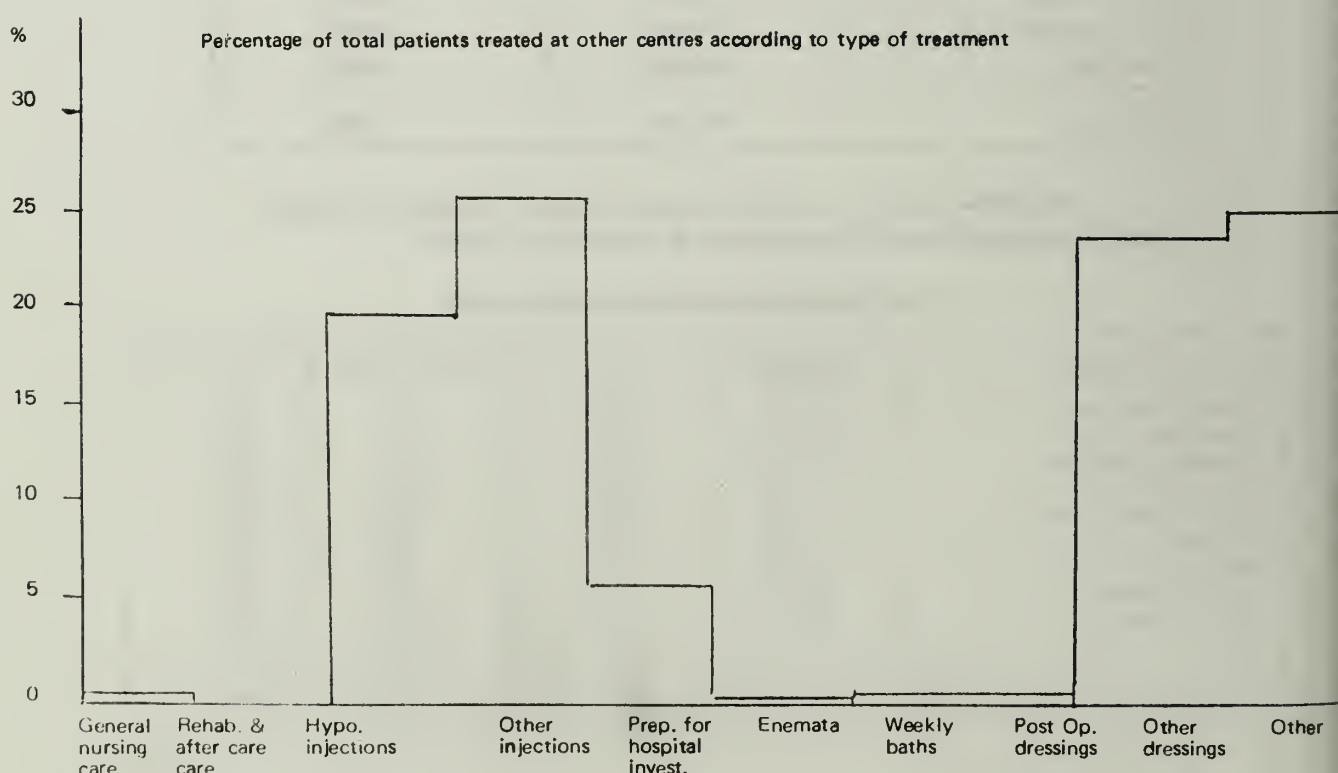
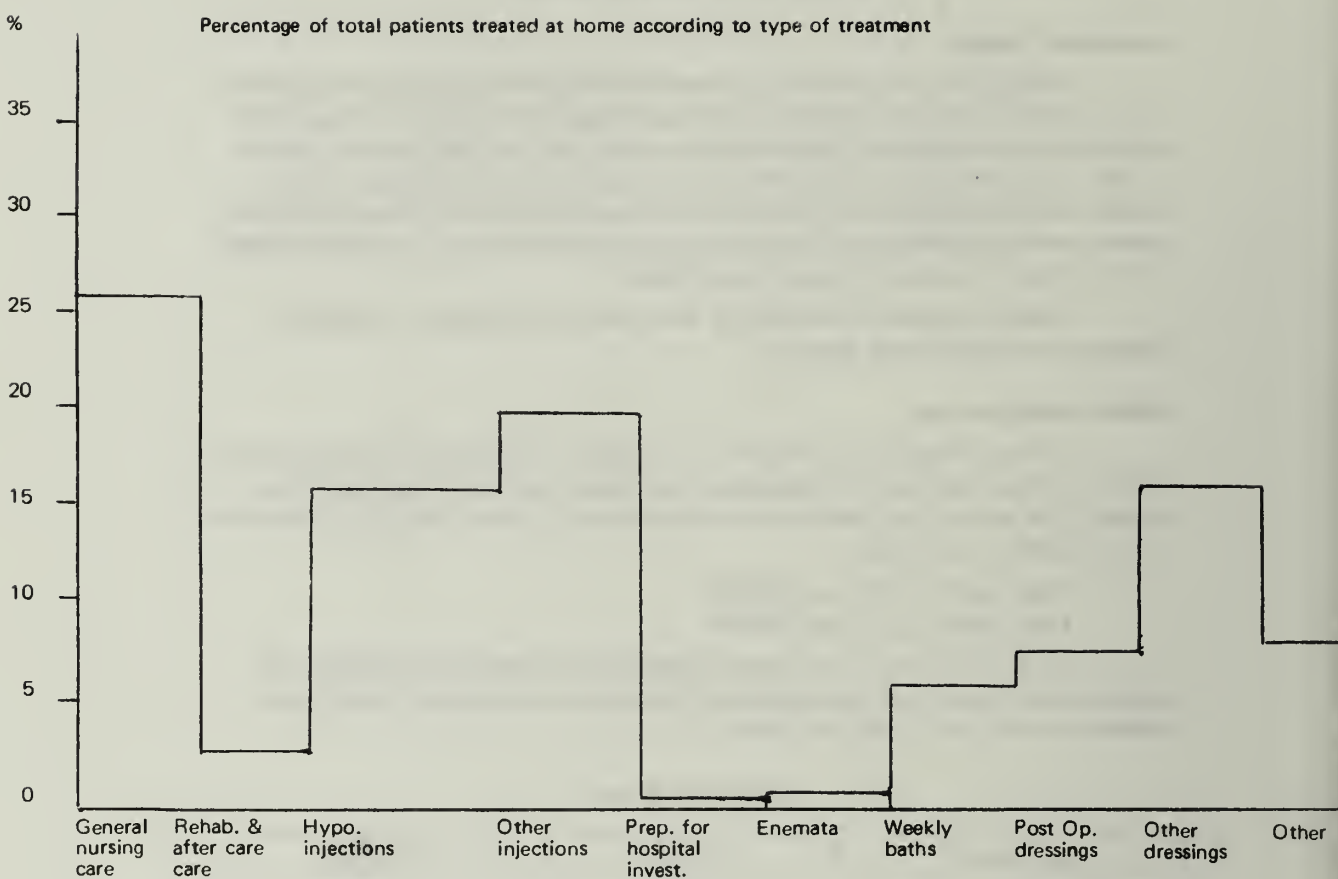
Total visits by age

Age of patient	Total visits	Percentage
0 - 4 years	2,818	0.88%
5 - 14 years	5,743	1.79%
15 - 64 years	84,789	26.50%
65 years +	226,399	70.83%
Total	319,749	100%

The following table and charts illustrate the relative importance of various types of treatment in terms of percentages of total patients treated:-

Total treatments at home and other centres

Treatment	Home visits	%	Other centres	%
General nursing care	86,804	26.9	39	0.5
Rehab. and after care	7,711	2.4	—	—
Hypodermic injections	49,851	15.5	1,668	19.0
Other injections	61,492	19.0	2,213	25.3
Prep. for hospital invest.	598	0.2	463	5.3
Enemata	2,314	0.7	12	0.1
Weekly baths	18,795	5.8	53	0.6
Post. op. dressings	22,763	7.1	51	0.6
Other dressings	48,715	15.1	2,088	23.8
Other	23,458	7.3	2,176	24.8
Total	322,501	100.	8,763	100.



District nurse training

Application was made to the Department of Health and Social Services, London, for Monmouthshire to be approved as a training authority for district nurses. A visit was made by a senior nursing officer from London and a senior nursing officer from the Welsh Office. After due consideration the County was accepted as a training authority.

As a result of this decision, Miss S.R. Brazell was appointed community nurse tutor with responsibility for district nurse training.

The following notes have been prepared for the guidance of students and will explain what the training entails:-

The course consists of theoretical and practical training and is designed to give the student a knowledge of the health and welfare services; to help her adapt hospital techniques and procedures to the domiciliary environment; and to teach her to organise her work and co-operate with general practitioners and colleagues.

The Secretary of State for Health and Social Services is responsible for the training. The syllabus is approved by him and is the same all over the country. Local authorities have been asked to set up training courses and these have to have Ministry approval.

The Training School is at the Health Education Pavilion, Cambria House, Caerleon, Newport.

It is possible to hold three training courses in a year with entry dates for commencement of practical training in January, May and September of each year.

The actual commencing dates of courses are notified to students before the start of each course.

The lecture block commences 2 - 4 weeks after the student has begun her practical training e.g., entry date September 25th, 1972.

Lecture block commences October 9th, 1972.

The date of the written examination is set by the Secretary of State for Health and Social Services.

There is no practical examination, but an assessment is made towards the end of the course and a report on each student is submitted to the examiners.

A written examination, consisting of a 3 hour paper, is held about 2 weeks after the end of the completed training period.

Successful candidates are awarded the National District Nurse Training Certificate upon qualification.

Length of training

4 months for students who have not completed eighteen months of district nursing or who are not state certified midwives.

3 months for students with over 18 months district nursing experience or for state certified midwives.

All full-time district nurses who have not already completed district training are eligible for training.

A minimum of ten students will be trained on each course. The average number being trained at any one time will probably be twelve.

Students will normally work within their own area during the period of practice training and general medical practitioners must be kept informed of the arrangements made for relief during the theoretical training.

Practical training commences from the date of entry to the course.

Teaching rounds will be arranged to help the nurse in the organisation of her work, the organisation of the patient's needs and in the adaptation of techniques. This will be done by the district nursing training officer or senior district nurse colleague.

"Night sitting" service

The night sitting service became the responsibility of the area nursing officer from 1st August, 1972.

It is an emergency service and the main objectives are:-

- a) To give relief to families who are looking after elderly relatives.
- b) To provide temporary care for acutely ill patients awaiting admission to hospital.
- c) To give short-term care to patients suffering from terminal illness.

When the service was first implemented 7 years ago, three weeks was the maximum any one patient could receive assistance. The circumstances are still reviewed after three weeks, and occasionally the services may be extended for a longer period.

The number of night attendants in each area is as follows:-

Area 1	-	13
Area 2	-	17
Area 3	-	12
Area 4	-	4

The actual number of night attendants fluctuate owing to the work being of a casual nature. Quite a number of people are anxious to have their names placed on the night attendant list, even when informed the work is casual, but many find permanent employment, and are not available when contacted. The list is continually being revised and recruitment is not a problem. The usual period of duty is from 11.00 p.m. - 7.00 a.m. but these hours can be adjusted to suit individual requirements.

Patients are referred by the general practitioner, hospital social worker or by the district nurse. The majority of referrals are made by the district nurse attending the patient and aware of the strain upon the family.

The demand for assistance was generally met, but during the influenza epidemic in December, some difficulty in meeting the demand was experienced in Area 3 and Area 2.

The following figures show the demand upon the service during recent years:-

	Referrals	Patients who received treatment
1966	180	111
1967	148	90
1968	168	111
1969	217	169
1970	154	113
1971	175	139
1972	234	216

Chiropody service

The most important change affecting the chiropody service during the year was the decentralisation of the administration of a number of health services to four new County areas.

It was decided to organise the chiropody service along similar lines to that of the nursing service, appointing an area chiropodist to take charge of each area, being responsible for the day to day administration of the service but working under the general direction of the Chief Chiropodist.

Members of the staff were invited to apply for two new posts of area chiropodist. Mr. R. Nuth was appointed as area chiropodist to Health Area No. 3 and Miss M. Davies as area chiropodist to Health Area No. 4. Mr. T.G. Dowdeswell-Childs, Chief Chiropodist, took charge of Health Area No. 1, while Mrs. Z. Wintle, Deputy, was placed in charge of Health Area No. 2.

During the year, one member of the staff left the service for domestic reasons, but was replaced by a recently qualified chiropodist from the School of Chiropody, Cardiff.

In order to increase the efficiency of the domiciliary service, which had almost reached saturation point, the following system was brought into operation during the period of re-organisation:-

Patients were requested to apply to the Health Area Office whenever treatment was required. No re-appointments were made automatically unless any complication regarding the condition of the feet, was present. Requests for domiciliary visits could be made by the patient, doctor, nurse, health visitor or social worker.

It was found possible to increase the chiropody sessions at the following static clinics in 1972:-

Abertillery, Ebbw Vale, Risca, Pontypool, Cwmbran, Chepstow, Caldicot, Abergavenny and Monmouth.

The monthly chiropody clinic at the Grove, Penllwyn, Pontllanfraith also recommenced; this clinic had been temporarily suspended due to the building being used by the county ambulance service.

At the end of the year, it was necessary to withdraw the mobile chiropody clinic from service for a few weeks, in order to carry out badly needed renovations. At the same time it was decided to change the colour of the vehicle to green and white, thereby matching the new colour scheme of the county ambulance service. This mobile clinic has been in constant use for the past eight years, but should now give good service for a few more years.

The following table shows the number of treatments carried out by the service in recent years:-

	1970	1971	1972
a) Static clinics	26,726	28,612	29,840
b) Mobile clinics	3,102	2,758	2,443
c) Welfare homes and training centres	3,711	3,276	4,100
d) Domiciliary	7,132	6,727	6,187
	<u>40,671</u>	<u>41,372</u>	<u>42,570</u>

Domiciliary physiotherapy

The mobile domiciliary physiotherapy unit, instituted in the first instance by the Welsh Board of Health as a pilot scheme, has continued to be of immense value to housebound patients and those not sufficiently ambulant to avail themselves of the facilities of the physiotherapist at their local hospital.

The staff of the section now consists of two full-time and four part-time physiotherapists and the latest equipment is provided.

The superintendent physiotherapist supervises the issue and maintenance of the various types of hoists and the equestrian class at Glengariff Training Centre.

Referrals for the service come mainly from general practitioners and hospitals. All patients are visited initially by the superintendent physiotherapist, who ascertains the type of treatment best suited to the patient.

Referrals 1970-72

Source	1972	1971	1970
General practitioners	153	56	86
Hospitals	13	13	14
Other sources	3	7	13
Total	169	76	113

The above tables shows that the number of referrals more than doubled in 1972, probably as a result of the increased publicity given to the service.

Medical comforts

As will be seen from the accompanying tables, medical loans increased by 80% on the previous year.

The demand for wheelchairs, commodes and ripple beds was, in fact, higher than ever before.

The service has been more widely used for nursing at home, seriously ill patients, who normally would have required hospitalization.

In addition to the figures for equipment issued from the health department at Cambria House, Caerleon, are details of depots run by the St. John Ambulance Brigade and the British Red Cross Society.

Equipment loaned 1970-1972

	1970	1971	1972
No. of patients visited	568	1,006	1,849
Wheelchairs	196	295	508
Commodes	138	239	452
Ripple beds	38	68	141
Back rests	80	108	289
Urine bottles	48	73	168
Bed cradles	44	95	177
Bed pans	70	79	169
Air rings	56	61	167
Bed and mattress	31	41	64
Miscellaneous items	128	377	544

Equipment loaned from depots 1972

	Depots operated by St. John's Ambulance Brigade (33)	Depots operated by British Red Cross (8)
No. of patients assisted	990	85
No. of wheelchairs loaned	11	21
No. of commodes loaned	10	16
No. of backrests loaned	185	31
No. of bedcradles loaned	75	13
No. of urine bottles loaned	245	32
No. of bed pans loaned	266	30
No. of air rings loaned	172	31
No. of miscellaneous items loaned	150	28
Total items	1,114	202

This has been the first full year for the supplying of incontinence garments and pads, to mentally and physically handicapped children, and has been very gratefully received by parents, relatives and patients alike.

Care of blind and partially sighted persons

In accordance with the provisions of the National Assistance Act, 1948 arrangements were made for the examination by an ophthalmologist, of persons eligible for registration as either blind or partially sighted.

The following information relates to examinations carried out in 1972:-

New cases

Registered blind	121
Registered partially sighted	67
Neither blind nor partially sighted	19
Total	207

Re-examinations

Registered blind	13
Registered partially sighted	34
Neither blind nor partially sighted	21
Total	98

I am indebted to the Director of Social Services for supplying me with details of numbers of patients on the registers maintained by his department. These figures state the position as at 31st December, 1972.

Registered	Males	Females	Total
Blind	420	751	1,171
Partially sighted	169	318	487

Home adaptations from artificial kidney machines

In 1965, the Minister of Health gave approval, under section 28 of the National Health Service Act, 1946, for the making of arrangements by Local Health Authorities for the adaptation of any dwelling, or the provision of any additional facilities which may be necessary for installing equipment for intermittent haemodialysis, for the use of any persons suffering from illness.

Initially this authority carried out structural adaptations to the homes of those patients suitable for home dialysis, converting a room in the house for this purpose.

It soon became apparent that few families could conveniently spare a room for the adaptations necessary, so in conjunction with the County Architect and the Home Dialysis Administrator at the Cardiff Royal Infirmary a sectional mobile unit was designed.

One of the advantages of such a unit is that should home dialysis be no longer required the unit can be moved to another site for another patient or even used for another purpose.

This unit is a compact prefabricated building measuring 16' 6" x 8' 6", fitted with a bed, kidney machine, sink unit with hot and cold water supply, fluorescent lighting, electric heating and a direct telephone extension to the house in case of emergency. A separate compartment provides storage space.

Delivery of one of these units is within 5 to 6 weeks of the order being placed. This gives ample time for the necessary foundation, plumbing and drainage work to be carried out, during which time the patient is undergoing training at the Cardiff Royal Infirmary, for home dialysis.

Increasing experience in training patients for home treatment has enabled earlier discharge from hospital and to ensure that there is no delay in commencing home treatment a unit is now kept in reserve, ready for immediate installation.

THE FUEL CRISIS 1972

No report on Care and After Care Service for 1972 would be complete without reference to the fuel crisis of January, February and March.

I make no apologies for reproducing the following report of the Public Relations Officer in full as I am sure it will serve to be a useful record and reminder in the years to come.

Many people have a great capacity for forgetfulness. Already the darkened streets, almost wartime atmosphere of January and February 1972 are barely remembered. Yet only a few weeks have gone by since the community faced a fuel crisis in which coal and warmth were something of a luxury. The tributes to the community spirit which prevailed then have already been paid, but it seems fitting that some record, some account of the events, should be made.

“Account of a Fuel Crisis

Few people will realise that the services of the County Council returned to normal only in the second half of March. The coal shortage had affected services for 10 weeks from the 10th January to the 13th March. If ten weeks seems an inordinately long time, it underlines the complexity of events which follow as surely as night follows day, when one of the basic industries of the nation comes to a standstill.

The look back through the diary of public events to early January, it is necessary to recall that the New Year opened with troubles in Ireland, unrest in Rhodesia, stormy debates in the House of Commons on the Common Market, one million people unemployed and the threat of the first national coal strike for 46 years.

Each event had no direct connection with any other, and yet they combined to reflect a feeling of tension, a brittle atmosphere in which industrial relations in the mining industry came into the headlines.

Almost inevitably, it seemed, miners' leaders and the National Coal Board were set on a collision course and a strike in the coalfields would be the probable outcome.

While the man by his fireside television listened to the speculations, people in public life watched the weather forecasts and pondered on the effects on the community, if the weather turned really cold and there was no coal.

In retrospect, the weather - or the fear of a cold winter - played an important part in the events and decisions which were to be taken in Monmouthshire.

Small Beginning

From simple, barely expressed misgivings, many events were to follow. Monmouthshire's Primary Education Sub-Committee, fearing coal shortages could occur, gave plenary powers to their Chairman and Vice-Chairman to deal with any emergency issues that might arise.

Within days of that decision, a national coalfield strike brought complete stoppage of all coal production and the picketing of stocks at depots and power stations. On the 9th January, there were talks between Members of the County Council and senior officials because it was in the schools that the first effects were likely to be felt. Officers were asked to send meals forms to Monmouthshire's 320 schools and to gear up the machinery for providing free school meals. The children of any family finding itself down to Social Security income are entitled to free meals. Head teachers were to issue forms and let families know of their entitlement. The tenor of the decisions was simple: "Don't let children suffer because of falling family incomes. Regulations must be followed, but red tape must not slow the due processes."

And right through the system, from the offices at County Hall, the headmasters' studies to the cooks and canteen helpers who served the meals, both the letter and the spirit of the Members' decisions were followed.

It soon became apparent that wider matters would have to be dealt with. Headmasters began to telephone warnings of dwindling fuel stocks. On the 10th January a school at Llanvihangel Crucorney with 122 pupils which depended on a special boiler fuel had to close. Parents offered electric fires, but the water had to be turned off to drain the school's boiler system in case of frost. No water, no heat, no schooling!

Already the Social Services Department with responsibilities for the care of 41,000 elderly, 2,000 handicapped and numerous infirm people had arranged to supply certificates of emergency need for fuel. Home helps and social workers who go to the homes of those most at risk at such a time, were reporting possible problems. There were consultations between chairmen of committees and chief officers. Out of numerous separate decisions, came the need for joint assessment and action.

The Chairmen and Vice-Chairmen of Education, Primary Education, the Divisional Executive, Health, Social Services, Finance and Publicity Committees, and one or two other Members met informally to look at the overall picture.

Dilemma

The Aldermen and Councillors faced a difficult dilemma. On one hand, just like many other people at the time, they felt much sympathy for the miners' cause. Yet they also bore the responsibility for services such as education, health and social welfare and to keep services going could be interpreted as strike breaking. Perhaps elected Members were thankful to the N.U.M. for that union's compassionate policy which emerged in the first few days of the strike. The union itself agreed to priority fuel supplies for hospitals and as far as possible for the most needy in the community.

Meetings with the local branch of the N.U.M. enabled national union policies to be interpreted to local situations. Certificates of need for fuel were to be verified by the Social Services Department and passed to N.U.M. officials who could release the limited stocks of coal to the most needy.

By the 2nd February, 88 schools were affected by coal shortages, and some 20,000 children were missing lessons. In some large secondary schools rota systems of lessons were operating, so that children in examination classes could continue with their education.

It took a few weeks for the coal shortage to make a real impression on the life of the community. The weather had remained mild but the Government were considering declaring a national state of emergency. While the full impact was being realised, a report on the extent of the County Council's legal powers and duties was circulated to all Members of the Authority. The document - received in private at the close of a meeting of the full Education Committee - outlined what could be done within the law. The meetings, discussions and reports had cleared the ground for action if it became necessary.

Emergency Services

On the 7th February the Aldermen and Councillors met as the "Temporary Additional Welfare Services Committee."

The committee were told that out of 200 schools which depended on solid fuel, 127 were closed or partially closed, and 30,000 children were affected. Only enough fuel to protect the systems against frost damage had been retained in most buildings. Ways and means of setting up day centres in many parts of Monmouthshire had been looked into. Lists of possible buildings had been prepared and District Councils and private organisations had offered premises.

The Committee were told that stocks of fuel in the county were getting low. There were hopes that priority cases would get about 2 cwt. Although 760 certificates had been issued, it was estimated that a further 1,000 households, many of them with elderly or infirm people, were near the point where fuel stocks would be exhausted. Arrangements had been made with the Army Headquarters at Brecon and Llanfrechfa hospital to obtain 70 beds, so that additional temporary residential accommodation could be provided in the 14 gas or oil heated homes for the elderly in Monmouthshire.

Three main lines of policy emerged from the committee meeting. First, the officers were given plenary powers to implement plans to provide emergency services. The Committee said: "Get on with the job without delay". Secondly, a good neighbour approach was called for. Already it was evident that the natural good neighbourliness of people would play an important part in helping families most at risk. The appeal encouraged and developed the natural reaction of the community. It meant that those who might have felt embarrassed at asking for - or offering - help, could do so more easily. Thirdly, the committee asked for sources of alternative supplies of fuel such as timber to be explored.

Within a week, the paper plans had turned into practical services. Social workers, home helps, clerks and administrators went far beyond their ordinary duties. Staff were busy setting up new provisions, arranging equipment, transport and back-up services, and helping individuals in a hundred and one ways encouraged and supported by the initiative and resolve shown by Members.

Voluntary organisations and many individuals offered their help too.

By mid-February, 53 day centres had been opened to provide warmth and warm meals for the elderly. Many centres in the north of Monmouthshire, where the towns are nearly 1,000 feet above sea level, provided for 80 or 90 people each day. A special cooker capable of providing 70 hot meals in twenty minutes was bought jointly by the County Council and Ebbw Vale U.D.C. and the Meals on Wheels services of the W.R.V.S. were extended.

At the peak of the difficulties, 157 schools were affected and 33,000 children were losing some schooling. Those schools which were not affected by the coal shortage opened especially during the two-day half term holiday, so that pupils who were entitled to free school meals could be served. The social and health services were more involved in individual cases of hardship. More than 5,000 certificates of need for fuel were verified and social workers, home helps, nurses and midwives went out of their way to help the families they were in contact with. In many other individual acts of kindness, neighbours helped those in need in the community.

At County Hall, the Government's declaration of a state of emergency meant that many offices were without heating. There were consultations with the staff representatives, office hours were curtailed to conserve the little remaining coal, the Magistrates' Courts moved to a part of the county buildings that could be kept warm, staff shared desks in offices where there was an alternative to coal heating.

Plans were made for a worsening of the position. It only needed the weather to turn really cold for severe cases of hardship to occur in the 530 square miles of the county. The Chairman of the Education Committee said: "It is better to be over provident at this time rather than under provident". If the position had worsened, Members of the Council were to be asked to allow non-key staff not involved in the social services to work from home. Also to consider setting up a small key administration in a county building which was heated by oil fired boilers. It was impossible to buy paraffin or calor gas heaters and the few appliances owned by the County Council were put in key communication points, such as the main telephone switchboard, ambulance and fire brigade control rooms.

The growing number and length of power cuts brought other problems. The curtailment of all but essential use of electricity put industry on short-term working and meant darkened streets, no shop lighting and a sharp rise in the price of candles.

The Welsh Office agreed that the County Council could buy and distribute wood fuel for the most needy, but assumed that a charge would be made to recipients. County staff looked into the changes of buying felled timber from the forests of Wentwood and then found almost unlimited supplies of wood from a local saw-mill. Each of the four county highway depots could store up to 10 tons of logs at a time, and arrangements were planned to discuss with voluntary organisations questions of distribution systems. The N.U.M. was consulted again on the union's attitude to providing alternative fuels and releasing stocks of coal from privately owned open cast sites in northern Monmouthshire.

Free Coke Offered

But the schemes were not without a lighter touch. A school near Abergavenny announced it would have to close. Within minutes of the children telling their parents, there came a 'phone call to County Hall from a parent whose son attended the school. The parent offered several tons of coke from his own stocks, so that schooling could continue. The officer who dealt with the call foresaw difficulties if the Council started buying fuel from individuals, and wondered what the cost would be, both in money and in the goodwill of the N.U.M., who were helpful in other directions. The parent said he would make no charge - "I'll give it to the Council" he said.

"But" added the officer, "we haven't got the men or the lorries to load and deliver coke."

"Then I'll use my lorry and deliver it" said the parent. And he did so overnight, so that by the next day, the bunkers at the school were half full. Schooling continued.

The Crisis over

On the 24th February, the Committee met again at County Hall, but the crisis was over. The miners were going back to work. The Aldermen and Councillors who sat at the centre of local services felt modest pride and expressed their appreciation to the many who had given their time, premises and services to the community. Members reflected that in Monmouthshire there had been no deaths from hypothermia or serious cases of distress from cold. But their reflections were soon to be tempered by the sadness that one child died at Rhymney in a cave-in while he was digging for coal on wasteland near his home.

Although the emergency was officially over, the long haul started of getting services back to normal. Coal had to be obtained from many different sources for 157 schools. Libraries and clinics had to be re-opened and emergency day centres closed.

The man in the street was already forgetting. Perhaps he never knew what had been done unless he was directly affected. Within days there were several irate telephone calls: "The strike is over, why isn't our school open. Have you no sense of urgency at County Hall". Or: "The children have missed a lot of schooling - how are you going to make that up?" The polite official answer that staff were doing their best as quickly as possible might seem to sound hollow, but it smothered several angry retorts.

A Lesson?

Is there a lesson on the events of January and February 1972? Perhaps there are two: first, local authorities may have ready made plans for major disasters such as a major rail crash or the outbreak of hostilities, but there are rarely similar contingency plans for a breakdown of essential supplies. Perhaps the record or recent experience could serve as an outline plan to pull off the shelf if necessary. And secondly, local government traditionally operates efficiently in well ordered, but separate departments. Yet problems often transcend departmental lines and in January and February, Education, Health, Social Services and other departments came together as a team under a committee without departmental divisions. Might this be an omen for the future?"

SECTION V

PREVENTION OF ILLNESS

PREVENTION OF ILLNESS

HEALTH EDUCATION

At the beginning of the year we were pleased to welcome Mr. Ross Tiffin as an additional lecturer and with the ever increasing demand for health education, his assistance was soon appreciated.

During the year, anti-smoking clinics were held in Griffithstown, Risca and Caldicot. The fuel crisis caused the Griffithstown clinic to be postponed for a few weeks but when it finally got under way 46 people attended, 2 travelling from as far away as Brynmawr.

Attendances at the Caldicot clinic were small, 14 in all, whilst 29 attended at Risca. The latter two clinics were held in July, and probably the proximity of the holiday period had an affect on attendances.

To assess the value of anti-smoking clinics questionnaires have been sent to participants at six monthly intervals. The following represents a summary of the findings to date.

Clinic	Questionnaires sent	Replies received	Smoking after 6 months	Not smoking after	
				6 months	12 months
Caerleon	41	30	21	9	7
Griffithstown	46	28	13	15	

In late August, a new scheme was launched - the venereal diseases telephone answer service, - sponsored by Newport Borough Council, Newport and East Monmouthshire Hospital Management Committee and the County Council. A special telephone is installed at County Hall and a recorded message highlights the risk. the need for early treatment, confidentiality and the days and times of clinics. This is a 24 hour, 7 days a week service available at all. The number of calls is recorded on a meter attached to the telephone, and the following is a record of calls received in the first four months after installation

September	October	November	December
3,454	2,463	1,276	915
	telephone out of action 7 days	telephone out of action 11 days	

The effect on the number of new cases attending the clinic at the Royal Gwent Hospital was checked with the venereologist and it was found that in the beginning, when the service received a great deal of publicity, the number of new cases increased by approximately 14%. The service is advertised twice a week in local newspapers, and posters advertising the telephone number have been widely distributed.

As in previous years, ante-natal classes were opened as required. A rota of health visitors attended ante-natal clinics at the County Hospital, Griffithstown, and St. James' Hospital, Tredegar, where they were able to give valuable advice to expectant mothers and direct them to ante-natal classes in their own areas.

Refresher courses in psychoprophylaxis were conducted for health visitors and nurses in local maternity hospitals.

Some mothercraft classes were closed because of poor attendance but the remaining classes flourished. With so many demands on the health visitors time, it is not practical to hold evening mothercraft classes for very small groups. It is worth recording the efforts of one class, for during the year, the members donated £80 to local charities.

Displays were designed, made and erected in clinics, health centres, schools and libraries.

Work in schools increased greatly. Staff participated in the health education instruction given as well as acting in an advisory capacity. This co-operation between health and education staffs is increasing as more schools become aware of the assistance that can be offered, visual aids, particularly sound films being in great demand.

Wherever possible subjects, dealt with in schools, were also included in meetings of parent/teacher associations. Parents were often grateful to see films to be shown to their children.

An exhibition of visual aids, suitable for use in schools, was arranged and teachers from secondary, primary and junior schools were invited. Films were put on at various intervals throughout each day. The exhibition which ran for a week, had to be postponed from February until May, due to the fuel crisis, and, unfortunately, was not as convenient to many as the original date.

In July, a two day course on child care was arranged for teachers of home economics. Various aspects of child care were covered and produced a very full programme. A small exhibition of visual aids was also arranged.

In October, a study day, on the management of cleft lip and palate was organised jointly by the Plastic Surgery Centre, St. Lawrence Hospital, Chepstow and the local authority. Approximately 80 people attended, representatives being drawn from the various disciplines concerned with the care of children so handicapped. The panel of speakers consisted of Mr. Michael Tempest, Consultant Plastic Surgeon, Dr. J.E. Cawdery, Consultant Paediatrician, Mr. J.L.D. Williams, Consultant Ear, Nose and Throat Surgeon, Dr. M. Salmon, Senior Medical Officer, Miss Ruth Bennett, Speech Therapist, St. Lawrence Hospital, Professor N.R.E. Robertson, the Dental Hospital, Cardiff, Sister E.W. White, St. Lawrence Hospital, and Mrs. A. Thoburn, Headmistress, St. Lawrence Hospital school. The study day ended with visits to the wards and hospital school.

In March, a study day on home safety was arranged for members of Home Safety Committees but once again the attendance was poor.

Voluntary social workers were invited to a study day in November, the theme being re-organisation in the Health, and Social Services Departments. Dr. A.J. Essex-Cater welcomed delegates from many voluntary organisations, Dr. M.C. Jenkins, Senior Medical Officer, spoke on re-organisation in the health department and Mr. D. Harris, Assistant Director of Social Services, dealt with the social services. Two films were shown, "Three score years and ten", and "Plans for living". Talks were also given on the voluntary services and their changing patterns by representatives from the voluntary services.

An increasing amount of work is being carried out in colleges of further education for students attending 'link' courses both full-time and on day release. At the invitation of Mr. C. Joynson, Head of Physical and Health Education, Caerleon College of Education, a regular weekly programme was arranged. Previously only occasional visits to the college had been made. A programme of films and discussions was organised for the autumn term, and a panel of speakers was provisionally included in the arrangements for the spring term.

Youth clubs received a fair amount of attention. Short courses on health subjects were arranged for youth clubs in many areas.

For the first time a short course was put on for the boys and girls attending the Cwmbran Coffee Bar run by the Young Volunteer Foundation. Discussions were frank and interesting and it is hoped to extend this venture in the future.

Weekly sessions for the girls at Troy House approved school were again organised.

There is close liaison between the health education section and the tutor at Usk detention centre. The health education officer attended meetings at the centre in an advisory capacity and visual aids were provided.

Health education for youths in industry, which started in 1971, continued throughout the year.

Some subjects included in pre-retirement courses were covered by members of the section.

During the year a closer relationship was established with Nevill Hall Hospital Abergavenny, as a result of the inclusion of health education in the community nursing section of the training of state enrolled nurses.

Monmouthshire acted as host to the March meeting of the Wales Home Safety Council.

Arrangements were made for student health visitors from the Welsh National School of Medicine to attend the health department during the year for information on the County's approach to health education:-

Conferences and courses attended by the staff included:-

- The quarterly meetings of the Wales Home Safety Council.
- The annual conference of the Wales Home Safety Council.
- The annual conference of the National Home Safety Council.
- The half yearly meetings of health education officers - southern region.
- The Royal Society of Health conference "Contraception or Abortion?"
- The Fourth Summer School on Alcoholism.
- A seminar for health education officers.
- A conference on preparation for retirement.
- A course on "Speaking with confidence".
- The International Conference - organised by the Royal Society of Health.

Community nutrition

There was an appreciable development in the field of community nutrition during the year.

The two obesity clinics established in the County continued to flourish and dietary advice was given to over sixty new clients in addition to those seen previously.

An increasing number of children were referred from school medicals carried out in other areas. These pupils were usually seen at school, avoiding loss of school time and providing an introduction to the school for the nutritionist. There is an obvious need to expand this service and establish more obesity clinics throughout the county.

Prevention, as ever, is so much the wiser counsel and with this in mind many talks and discussions have been held with parent/teachers associations on the dangers of obesity and the need to introduce good eating habits. School tuck shops have been implicated as causative factors in childhood obesity and they should be actively discouraged from selling sweets, chocolates and biscuits.

Nutrition is an obvious subject for inclusion in a comprehensive health education programme for secondary schools and many schools have been visited during the year. Advice has also been given to school teachers on various visual aids available and talks, on specialist aspects of nutrition have been given to advanced groups within the schools.

It is hoped to carry out a small survey in the next year to estimate the nutritional value of the average school meal.

In various aspects of further education, nutrition has an important part to play and lectures have been given to student teachers, nursery nurses and pre-nursing students at various colleges in the County.

Requests for talks from women's groups, and mothercraft classes were frequent and various aspects of nutrition were covered from talks on food and old wives tales to nutritional awareness in the community. The most popular proved to be talks on "Feeding the family" and "Slimming the sensible way". Both allowed the speaker to cover all the important items of information and promote much discussion. With the pressure from skilful advertising in all media unbiased professional advice was appreciated. A cookery demonstration on easy to prepare, economical and nutritious dishes was arranged as a follow on for a group of physically handicapped people.

"Managing on a budget" is one of the topics on the programme of the pre-retirement courses which have been established in the County. Fifty years ago margarine was a most inferior product and vitamins virtually unheard of so there is often need to explain changed opinions about food and to disprove old misconceptions. On one occasion these talks were linked with a pre-retirement cookery course and proved very popular and successful. It is hoped to link more such groups in the future to this senior group of people.

Shortly after the establishment of the Social Services department in 1971, it became apparent that there was a need for professional advice on catering and nutritional problems that arise in day centres and residential home. Advice on menu planning and quantities of food to be included to cover nutritional requirements in residential homes for the aged, day centres etc. have been provided.

The nutritionist attended interviews of catering staff in the Social Services department and, where necessary, advised successful applicants on catering techniques required by the department. It may be possible to provide training courses for such staff in the future.

In the past year it also became apparent that large kitchens often lacked adequate thought and design. Advice was therefore provided for new homes at the planning stage and discussions with architects and builders helped to design a kitchen more suited to the specialised needs of a residential home. Assistance was also given in the development of the frozen meals on wheels system started at Ebbw Vale.

If one is to be a complete educator indirect teaching is of importance. The people who have direct access to the home and mother must also have a good working knowledge of nutrition and be aware of the changing attitudes in the field. In recent months talks have been given to home helps, student health visitors, district nurses and staff of residential homes. Dr. Geoffrey Taylor visited the department on several occasions and talked to groups of district nurses on his work with nutritional deficiencies with particular reference to scurvy.

While the prime concern of the nutritionist has been in work developed through the Health department it is hoped that some assistance may be given to general medical practitioners in the future. The establishment of nutrition clinics at some of the larger centres in the County has aroused interest from some general practitioners and re-organisation may provide closer co-operation. There is need for a team approach to community nutritional problems as the preventive role of nutritional advice, in so many diseases, is not always appreciated.

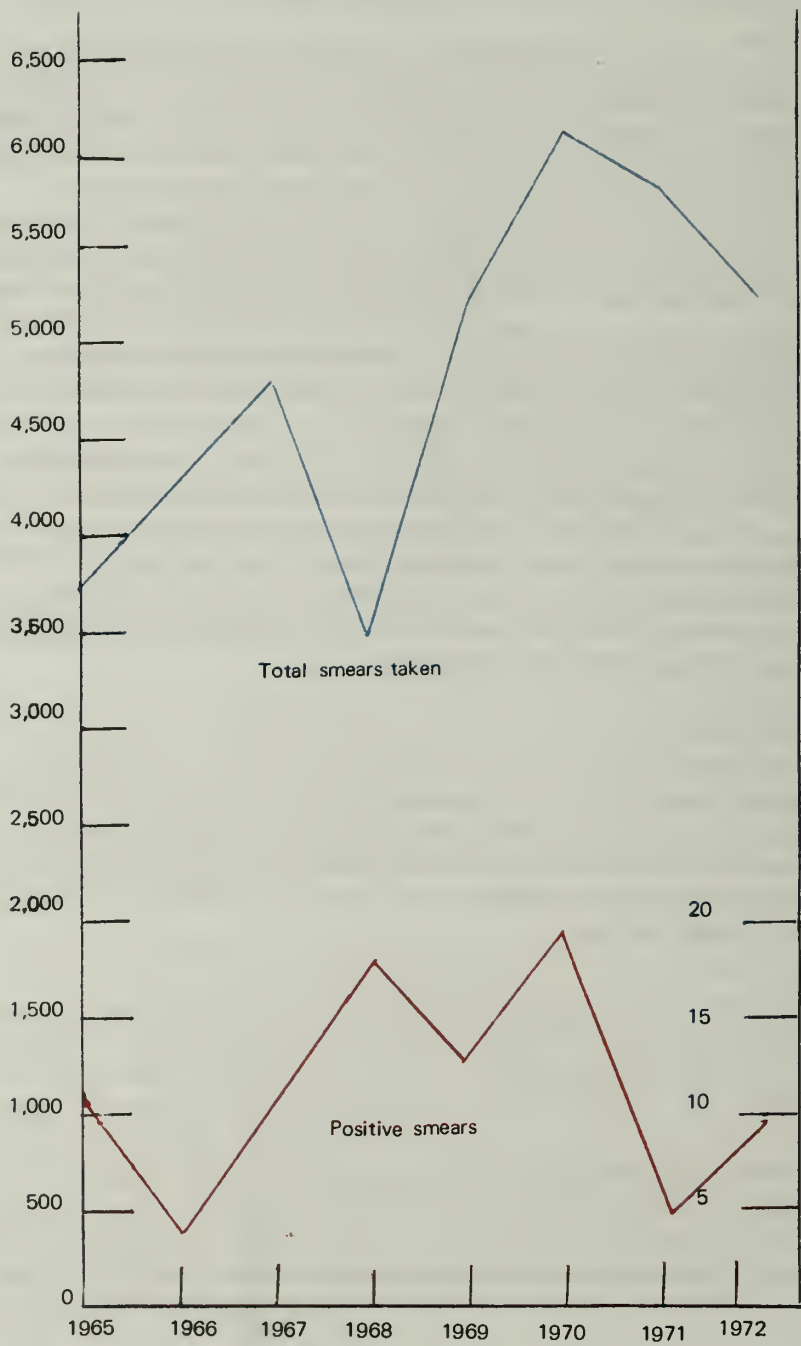
Cervical cytology

Screening for carcinoma of the cervix was carried out at 26 centres in Monmouthshire during 1972. Of 5,385 smears taken, 10 proved to be positive, and these patients were referred for gynaecological treatment. Breast and pelvic examinations were carried out for each client and urine and weight checks as required. We should like to express our thanks to consultants and pathologists for their co-operation during the year.

Cytology statistics

	1965	1966	1967	1968	1969	1970	1971	1972
Total no. of smears taken	3,744	4,372	4,835	3,562	5,267	6,114	5,857	5,385
Total no. of smears positive	11	4	11	18	13	20	6	10

Cytology statistics 1965-1972



Family Planning

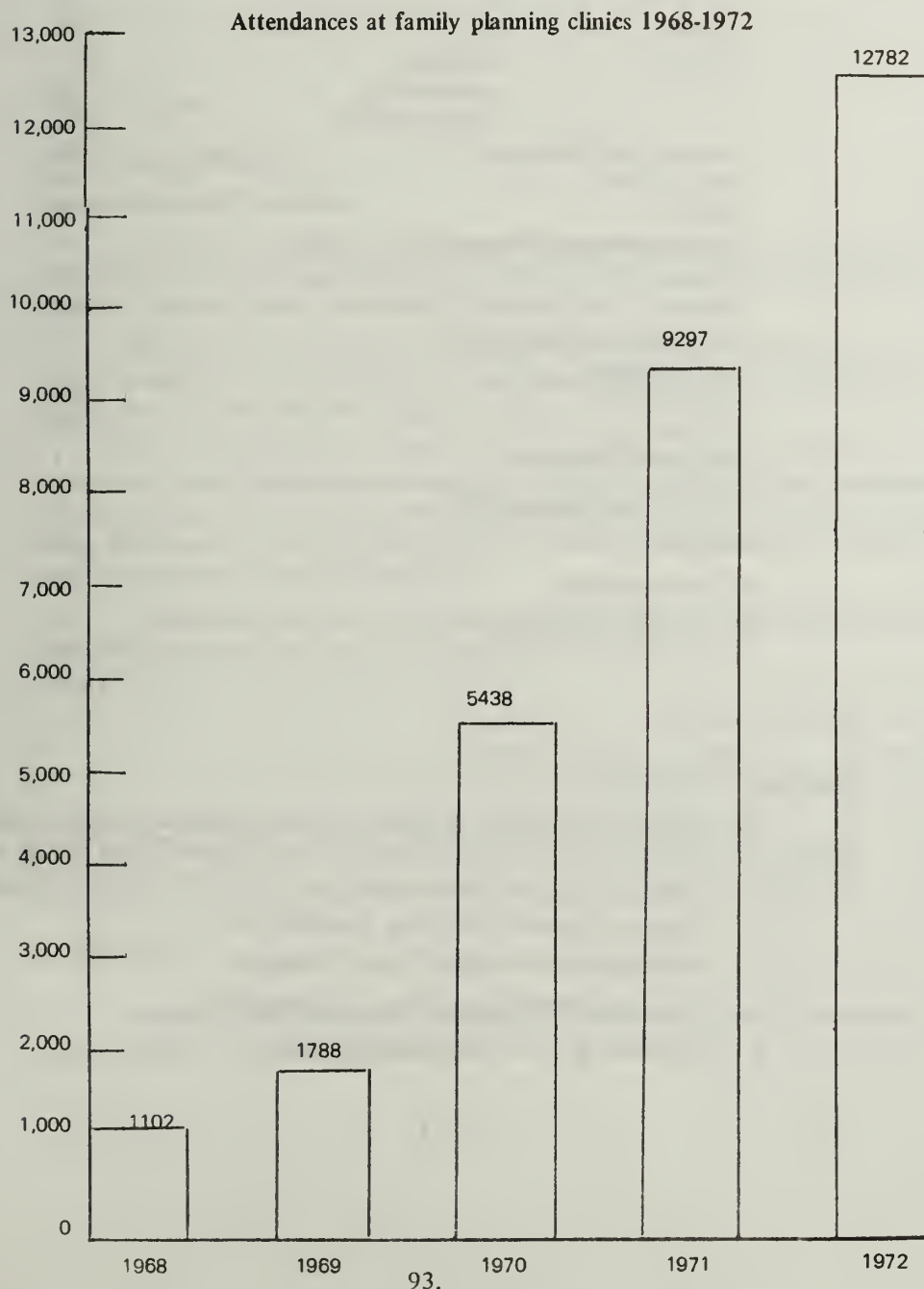
During 1972, 8,668 clients attended at 26 centres throughout the county, and 12,782 attendances were made. In addition 1,248 patients were advised in the antenatal, postnatal and gynaecological wards of Panteg Hospital, Griffithstown.

The number of clients visited in their own homes fell to 160. Several factors seem to be responsible for this. Firstly, shortage of medical and nursing staff to carry out "follow-up" visits; secondly, good clinic coverage and increased motivation of clients to attend at family planning centres, backed up by an excellent health education service; and, finally, permanent sterilisation is arranged for as many "problem" families as possible.

During the year, vasectomy operations were made available to clients, where medical or social need was apparent.

Intrauterine contraceptive devices are inserted at Panteg Hospital each week by county doctors. For those living outside Griffithstown area, arrangements are made for the insertion at Nevill Hall Hospital, St. James' Hospital or Royal Gwent Hospital, all free of charge to clients.

Good co-operation has been achieved with general practitioners and Family Planning Association doctors throughout the year. Grateful thanks must also be accorded to professional and ancillary staff for the smooth running of this service.



OCCUPATIONAL HEALTH SERVICE

The occupational health service continued to provide a service to all departments of the local authority.

Routine medical examinations were carried out on newly appointed staff and on college entrants. Home visits were made by the health visitor to members of staff who were away ill for longer than two months and on request by members of the staff who wished to avail themselves of her help and advice.

Details of medical examinations carried out during the year

College entrants	-	male	-	143
		female	-	300
Staff of various departments				
Architect's				63
Clerk's				59
Education	-	teaching		245
		non-teaching		135
		special services		460
Engineer's and Surveyor's				82
Fire Brigade				94
Health				73
Heavy goods vehicle licences				63
Library				25
Planning				28
Planning land reclamation unit				16
Small-holdings				2
Social Service's				265
Treasurer's				37
Weights and Measures				1
Eastern Valley Sewerage Board				8
Gwent Water Board				14
Usk River Authority				7
For other local authorities				55
				2,175

Appointed Factory Doctor

The County Medical Officer of Health continued as factory doctor for the purposes of examining and certifying the fitness of young persons under section 118 of the Factories Act 1961 at the following premises operated by the County Council:-

1. Starhouse Remedial Workshop, Pontllanfraith.
2. Sunninghill Adult Training Centre, Tredegar.
3. Glengariff Adult Training Centre, Griffithstown.
4. Brookside Remedial Workshop, Abertillery.

The examinations carried out in the last three years have been as follows:-

First examination

	Male			Female		
	1970	1971	1972	1970	1971	1972
Starhouse Remedial Workshop	3	8	5	5	2	8
Sunninghill Adult Training Centre	3	4	1	3	1	0
Glengariff Adult Training Centre	9	12	4	10	10	3
Brookside Remedial Workshop*			6			3

Re-examinations

Starhouse Remedial Workshop	1	0	0	1	1	0
Sunninghill Adult Training Centre	0	0	2	0	0	1
Glengariff Adult Training Centre	6	0	7	0	6	5
Total	22	24	29	19	20	20

*New Workshop.

INFECTIOUS DISEASES

Immunisation and Vaccination

There was no change in policy regarding immunisation and vaccination, but responsibility for organising the scheme, including sending out routine appointments, was passed to four newly set up area health offices in July.

Refrigerators were issued to ten clinics which had not previously had one. Approximately half the clinics held in council-owned premises are now supplied with refrigerators, thus facilitating the storage of vaccines.

The most recent figures issued by the Welsh Office are for children born in 1969. These show a very significant improvement on previous years bringing the rates up to the national average for the first time. This improvement would appear to indicate the success of our immunisation campaign held in 1970 and of the setting up of an appointment system which was started at the same time.

Immunisation rates per 100 children are given below for the County, together with rates for England and Wales, and for Wales alone for comparison.

	Children born in 1969		
	Whooping cough	Diphtheria	Polio-myelitis
England and Wales	78	80	78
Wales	77	78	77
Monmouthshire	78	80	78

Details of immunisation and vaccination procedures carried out on children of all ages are shown in the accompanying table.

Completed primary courses

Type of vaccination or dose	Year of birth					Others under age 16	Total
	1972	1971	1970	1969	1965 - 1968		
1. Quadruple DTPP	—	—	—	—	—	—	—
2. Triple DTP	12	2,674	1,089	112	126	28	4,041
3. Diphtheria/whooping cough	—	—	13	—	1	—	14
4. Diphtheria/tetanus	1	26	33	12	174	21	267
5. Diphtheria	—	—	—	—	2	—	2
6. Whooping cough	—	—	—	—	—	—	—
7. Tetanus	—	—	—	—	8	84	92
8. Polio (Salk)	—	—	—	—	—	—	—
9. Polio (Sabin)	8	2,553	1,252	112	295	44	4,364
10. Measles	8	944	1,376	155	158	5	2,626
11. Rubella	—	—	—	—	—	1,108	1,108
12. Lines 1+2+3+4+5 (Diphtheria)	13	2,700	1,135	124	303	49	4,324
13. Lines 1+2+3+6 (Whooping cough)	12	2,674	1,102	112	127	28	4,055
14. Lines 1+2+4+7 (Tetanus)	13	2,700	1,122	124	308	133	4,400
15. Lines 1+8+9 (Polio)	8	2,653	1,252	112	295	44	4,364

Reinforcing doses

Type of vaccine	Year of birth					Others under age 16	Total
	1972	1971	1970	1969	1965 - 1968		
1. Quadruple DTPP	—	—	—	—	—	—	—
2. Triple DTP	—	5	4	2	186	8	205
3. Diphtheria/whooping cough	—	—	1	1	41	3	46
4. Diphtheria/tetanus	—	7	2	4	3,326	39	3,378
5. Diphtheria	—	—	—	—	3	1	4
6. Whooping cough	—	—	—	—	—	—	—
7. Tetanus	—	—	1	2	34	131	168
8. Polio (Salk)	—	—	—	—	—	—	—
9. Polio (Sabin)	—	9	3	8	3,508	39	3,567
10. Measles	—	—	—	—	—	—	—
11. Lines 1+2+3+4+5 (Diphtheria)	—	12	7	7	3,556	51	3,633
12. Lines 1+2+3+6 (Whooping cough)	—	5	5	3	227	11	251
13. Lines 1+2+4+7 (Tetanus)	—	12	7	8	3,546	178	3,751
14. Lines 1+8+9 (Polio)	—	9	3	8	3,508	39	3,567

B.C.G. Vaccination:

Number of pupils skin tested and present for reading of test	1,177
Number found positive	79
Number found negative	1,080
Number vaccinated	1,073

The 79 positive reactors represent 6.7% of pupils tested as compared with 8.1% for last year and 13.0% for the previous year.

Notifiable diseases

No case of poliomyelitis, smallpox, diphtheria, encephalitis, or puerperal pyrexia was notified during the year.

Notifications of whooping cough, at eight, were appreciably lower than the previous year.

The number of measles notifications, at 1,147, was more than anticipated. There is a reluctance on the part of many parents to avail themselves of the opportunity to protect their children against this disease. With births of over five and a half thousand each year in this County, only 2,626 children under the age of 16 years were vaccinated against measles in 1972.

In July notification was received from the public health laboratory, Newport that *C. Diphtheriae mitis* organisms had been isolated from a routine throat swab of a patient at the Royal Gwent Hospital. This patient had been admitted from Llanfrechfa Grange hospital with a chest infection which had immediately responded to appropriate therapy and he showed no clinical signs of diphtheria infection. Investigations were immediately carried out to determine the extent of the diphtheria carrier state at Llanfrechfa Grange. Nose and throat swabs were taken from patients and staff at the hospital and 37 carriers, 35 patients and 2 nursing staff were identified. The carriers were treated with appropriate antibiotics and isolation and arrangements were made for follow-up investigations at regular intervals, until the hospital became completely clear of infection.

In 1968, three carriers of *C.diphtheriae mitis* had been identified at the hospital. At that time only the wards concerned were investigated. It was not possible to prove how the original carrier became infected.

In March a 13 year old boy was admitted to Nevill Hall hospital as a case of pyrexia of unknown origin. Investigations subsequently confirmed that he was in fact suffering from enteric fever. Contacts were investigated and his 67 year old grandmother was found to be a symptomless carrier. Despite exhaustive investigations, the source of her infection remained a mystery.

There were 55 cases of tuberculosis notified during the year and the following is a comparison of figures for 1970/71 and 72.

	1970	1971	1972
No. of primary cases of respiratory tuberculosis notified	44	38	46
No. of deaths from respiratory tuberculosis	12	8	6
No. of non-respiratory tuberculosis cases notified	9	10	9
No. of deaths from non-respiratory tuberculosis	0	0	1
No. of deaths from late effects of respiratory tuberculosis	4	1	1

Meetings were held with the new Consultant Physician in charge of chest services in North Monmouthshire early in the year, in order to improve recording and investigation of contacts of new cases of tuberculosis.

The following is a summary of tuberculosis notifications by District Medical Officers of Health to the County Medical Officer under the Public Health (Tuberculosis) Regulations 1952 for 1972, together with the number of deaths notified by the Registrar-General.

Age periods	Primary notifications of new cases					Age periods	Deaths						
	Respiratory		Non-respiratory		Total		Respiratory		Late effects of respiratory		Other		Total
	Males	Females	Males	Females			Males	Females	Males	Females	Males	Females	
0 —	—	—	—	—	—	0 —	—	—	—	—	—	—	—
1 —	—	—	—	—	—	1 —	—	—	—	—	—	—	—
2 —	—	—	—	2	2	2 —	—	—	—	—	—	—	—
5 —	1	—	—	—	1	5 —	—	—	—	—	—	—	—
10 —	2	—	—	1	3	10 —	—	—	—	—	—	—	—
15 —	4	3	—	—	7	15 —	—	—	—	—	—	—	—
20 —	1	2	—	—	3	20 —	—	—	—	—	—	—	—
25 —	2	1	2	—	5	25 —	—	—	—	—	—	—	—
35 —	1	1	—	1	3	35 —	—	—	—	—	—	—	—
45 —	5	5	—	2	12	45 —	—	—	—	—	—	—	—
55 —	10	2	1	—	13	55 —	2	1	—	1	—	—	4
65 —	5	—	—	—	5	65 —	3	—	—	—	—	—	3
75 and upwards	1	—	—	—	1	75 —	—	—	—	—	1	—	1
Totals	32	14	3	6	55		5	1	—	1	1	—	8

The following table giving the notification rate and death rate per 1,000 of population is submitted for the purpose of comparison with previous years.

Year	Notification rate per 1,000 of population		Death rate per 1,000 of population	
	Respiratory	Non-respiratory	Respiratory	Non-respiratory
1961	0.35	0.05	0.08	0.009
1962	0.27	0.04	0.06	0.006
1963	0.26	0.04	0.04	0.012
1964	0.26	0.04	0.07	0.006
1965	0.25	0.03	0.03	0.02
1966	0.14	0.02	0.03	0.004
1967	0.15	0.05	0.04	0.02
1968	0.17	0.05	0.03	0.009
1969	0.15	0.02	0.03	0.013
1970	0.12	0.25	0.03	0.00
1971	0.11	0.28	0.03	0.00
1972	0.13	0.03	0.02	0.003

Notifications of infectious and other notifiable diseases 1972

District	Estimated population	Scarlet fever	Whooping cough	Acute Poliomyelitis	Measles	Diphtheria	Acute pneumonia	Dysentery	Smallpox	Acute encephalitis	Enteric or typhoid fever	Paratyphoid fever	Erysipelas	Acute meningitis	Food poisoning	Puerperal pyrexia	Ophthalmia neonatorum	Tuberculosis	Infective hepatitis	Tetanus
Urban																				
Abercarn	18,410	2	—	—	9	—	—	—	—	—	—	—	—	—	7	—	—	2	—	—
Abergavenny	9,290	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	8	6	—
Abertillery	21,040	4	1	—	42	—	—	—	—	—	—	—	—	—	—	—	—	5	1	—
Bedwas and Machen	12,750	—	—	—	50	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—
Bedwellty	25,460	—	1	—	110	—	—	1	—	—	—	—	—	—	—	—	—	4	3	—
Blaenavon	7,040	—	1	—	7	—	—	2	—	—	—	—	—	—	—	—	—	1	30	—
Caerleon	7,290	—	—	—	35	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chepstow	8,490	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cwmbran	32,330	—	—	—	300	—	—	—	—	—	—	—	—	2	—	—	—	1	18	—
Ebbw Vale	25,710	9	—	—	75	—	—	—	—	—	1	—	—	—	39	—	—	4	6	—
Monmouth	6,860	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—
Mynyddislwyn	15,390	2	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	5	—	—
Nantyglo and Blaina	10,620	2	—	—	2	—	—	1	—	—	—	—	—	—	—	—	—	—	2	—
Pontypool	36,910	1	—	—	301	—	—	—	—	—	—	—	1	—	—	—	—	6	6	—
Rhymney	7,920	2	4	—	10	—	—	—	—	—	—	—	—	—	—	—	—	5	13	—
Risca	15,710	25	1	—	21	—	—	4	—	—	—	—	—	—	5	—	—	1	5	—
Tredeggar	17,660	—	—	—	13	—	—	2	—	—	—	—	—	—	—	—	—	5	—	—
Usk	1,920	—	—	—	29	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rural																				
Abergavenny	10,830	—	—	—	2	—	—	—	—	—	—	—	—	1	—	—	—	1	5	—
Chepstow	16,420	—	—	—	8	—	—	—	—	—	—	—	—	—	—	—	—	1	3	—
Magor and St. Mellons	20,120	—	—	—	19	—	—	4	—	—	—	—	—	—	1	—	—	2	1	—
Monmouth	6,410	—	—	—	25	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—
Pontypool	17,080	—	—	—	86	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
TOTALS	351,660	47	8	—	1,147	—	—	14	—	—	1	—	1	4	52	—	—	55	104	—

SECTION VI
MENTAL HEALTH SERVICES

MENTAL HEALTH SERVICES

By 1st January, 1972, mental health services had been the responsibility of the Social Services Department for nine months. Two senior medical officers continued to act as medical advisers to the Social Services Department.

Services for the mentally ill

Half the working time of a senior medical officer continued to be devoted to advising the Social Services Department on matters concerning the mentally ill, including both general policy and advice on individual clients of social workers.

An important development was the referral of County Council employees with problems of personality or psychological illness to this officer, under the occupational health scheme.

Social services

Fortnightly visits were made to each of the four Day Centres for the mentally ill (at Blackwood, Blaina, Cwmearn and Griffithstown) for half a day. Two of the centres (Blaina and Griffithstown) were in the charge of full time senior social workers during the year, and this made a great contribution to the ease with which the Health Department communicated with these centres and maintained continuity of advice and liaison.

At each of the doctor's visits, newly admitted clients were interviewed and other attenders reviewed. Alternative management such as employment, social and medical needs, registration as disabled, or admission to residential establishment was discussed and special examinations (personality or intelligence assessment) were performed or arranged.

Medical reports were furnished for the social worker, and where necessary to the general medical practitioner, hospital consultant or other agency, such as the Disablement Resettlement Officer (D.R.O.) of the Department of Employment, or voluntary organisation.

The senior medical officer was available at all times for case consultation with social workers.

On the 25th October, the Health and Social Services Departments held a joint conference to mark the MIND week of the National Association for Mental Health. Six hundred invitations were extended to the staff of the two departments and to family doctors, staff of the two local psychiatric hospitals, and to members of voluntary organisations.

Of the sixty or so people who attended, there was no one from the hospitals and only four general medical practitioners, all of them working in the health centre where the meeting was held.

In all joint ventures to which general medical practitioners are invited, care is taken to ensure recognition by the local Post Graduate Medical Centre as contributing to doctors experience and training under Section 63 of the Health Service and Public Health Act, 1968.

One of the papers read at the Conference is included in this report, and has been accepted for publication in the journal "Practice Team."

Occupational health

Mental illness

Since August, 1972, seven new examinations and five reexaminations have been carried out for County Council employees by the senior medical officer, under the occupational health scheme.

No. subsequently returned to work	..	4
No. placed in alternative employment	..	
No. resigned	..	1
No. leaving on breakdown pension	..	
No. still certified as unfit for work	..	2

Services for the mentally handicapped

Adults

The senior medical officer acting as medical adviser on services for the mentally handicapped continued to carry out routine and special examinations at the adult training centres Glengariff and Sunnybank, Griffithstown, and Sunninghill, Tredegar, and also at the two workshops - Springfield, Pontllanfraith and Brookside, Abertillery - the latter being opened in November, 1972.

She was also available for advice on medical matters at all times.

Close liaison with general practitioners and hospital consultants particularly the consultant psychiatrists at Llanfrechfa Grange Hospital is necessary.

Domiciliary visits were also carried out, when required.

Education

Children attending special day schools

The special day schools previously known as junior training centres are now an integral part of the educational system, and the senior medical officer is responsible for the medical supervision of such pupils and acting as medical adviser to the education department in this field.

Routine and special examinations were carried out at the three special day schools - the Rectory, Hafodyrynys, Neville House, Garndiffaith, and Ty Bont, Tredegar

The medical officer maintained regular contact with head teachers of the special schools at all times.

The County Medical Officer continued to act as factory doctor for persons aged 16 - 19 years attending adult training centres or the workshops at Pontllanfraith and Abertillery.

Programme for "Mind Week" Conference - Conference on Wednesday, 25th October, 1972, at Abertillery Health Centre

Venue: First Floor, Remedial Workshop, Social Services Department.

Chairman: Dr. R.D. Howell, General Medical Practitioner,
Abertillery Health Centre.

2.00 p.m. - 3.00 p.m.

- | | | |
|----|--|---|
| 1. | Mr. D.G. Thomas,
Director of Social
Services | Administration of social services under
Local Authorities Social Services Act, 1970. |
| 2. | Dr. Mary Stewart,
Senior Medical Officer,
Health Department. | Medical aspects of community services for the
sub-normal (mentally handicapped). |
| 3. | Dr. N.H.M. Mills,
Senior Medical Officer,
Health Department. | Medical aspects of community services for the
mentally ill. |
| 4. | Dr. A.B. Rolfe,
Consultant Psychiatrist,
North Monmouthshire H.M.C. | Hospital services for the mentally ill. |
| 5. | Mr. P.W. Philpott,
Principal Area Officer,
(Eastern Valley) Social
Services Department. | Social work with the mentally disordered. |
- 3.00 p.m. - 4.30 p.m. - Inspection of Social Services day care facilities.
- (a) Remedial workshop, Abertillery.
- (b) Blaina psychiatric day centre.

Application has been made for recognition under Section 63.

Paper read to the MIND Week Conference, Abertillery Health Centre, October 25th, 1972 - Medical aspects of community services for the mentally ill

The services available to the mentally ill are provided outside hospital at points of first contact (primary care) by general medical practitioners and their attached nursing and health visiting staff, social workers of the Social Services Department and by voluntary agencies such as the Samaritans.

Certain types and degrees of mental disorder require treatment inside psychiatric hospitals or psychiatric wards in general hospitals, but increasingly, community-based agencies are trying to provide facilities in the forms of buildings and of supervisory activity which, hopefully, tends towards the early detection of mental illness or of relapse after remission. They are striving also towards obviating hospital admission, towards re-orientation of lives exhibiting recurrent delinquency, emotional breakdown, social, financial and occupational inadequacy, and in some cases to provide long-term after-care to people who have spent some years in hospital and who can survive outside them only with considerable support.

Monmouthshire County Council has attempted to meet these aims by providing:-

1. Individual social work support, advice and supervision by means of officers who, until April 1971, were called mental welfare officers and worked for the Health Department but who are now part of the generic social work teams of the Social Services Department.
2. Day care facilities in four day centres for the mentally ill, each catering for 25/30 people and two of them being purpose-built, one of which you will see later this afternoon (Blaina day centre). They are staffed by social workers, occupational therapists and craft instructors, but the people attending keep in close contact with their family doctor and their personal social worker as well.
3. Residential care in group homes which are ordinary Council houses in which four or five people of the same sex live comparatively unsupervised lives, helped only by the visits of a social worker and, in the case of the men's homes, the home help. These groups are usually a mixture of the mentally ill and the intellectually sub-normal. Later it is hoped to provide hostels for those requiring greater supervision and support than a group home can offer. The first such hostel will be John Fielding House in Llantarnam which will open shortly.

The relationship between the Health and Social Services Departments is a reciprocal one. Many cases that the nursing and medical staff become aware of require services which only the other department can provide and the patients are referred to them and their cases will be investigated and helpful action taken. Many social workers' clients will have recognised physical, intellectual or mental disorders or these will gradually become suspected during the worker/client relationship. It is for this reason that the County Medical Officer has an advisory responsibility on medical matters to that department. With regard to mental illness we meet this in Monmouthshire by the allocation of 50% of the time of a senior medical officer to the Social Services Department. This is partly spent visiting each of the day centres once per fortnight for half a day and partly by being available during the rest of the working week for consultation on any case that requires it.

At the day centres the work consists of interviewing all new referrals and making suggestions as to their needs and management, helping to review the progress of all people already attending and recommending future action such as discharge from the centre or transfer to some other facility such as a sheltered or remedial workshop if this is indicated. There is a medical aspect to the completion of certain application forms or forms of recommendation supplied to the Department of Employment for the use of the Disablement Resettlement Officer (D.R.O.) and he uses these when recommending people for the Industrial Rehabilitation Unit (I.R.U.) Government Training Centre (G.T.C.) and sheltered workshops such as Remploy or the Monmouthshire County Council sheltered workshops, called Monwel Workshops, in Cwmbran and Tredegar. To be eligible for a sheltered workshop employees need to be registered as disabled and I am often involved in making such recommendations after examining them. Court reports occasionally need to be provided and reports for the residential establishments run by voluntary or other statutory agencies. The senior medical officer also acts as a link between the centre and the family doctor or hospital psychiatrist. At a time of high unemployment the task of helping the mentally ill to obtain work or retrain them in new skills is a particularly necessary one.

The greatest burden in professional community work falls on general medical practitioners and on social workers. In some cases these two groups of people may already be working in harmony but I suspect from the comparative infrequency with which I find representatives of these respective disciplines thinking of each other as sources of information or channels for action that many more are ignorant of the activities and responsibilities of the other and are unaware of the assistance the other person could provide in certain problems affecting a mentally ill person.

I should like to evangelise by advocating frequent and direct contact between general practitioners and social workers in all fields but especially in that of the mentally ill. The dialogue thus established will in time lead to a clearer understanding of each others roles which will prevent disagreements such as where one of these workers feels that the other has encroached upon his professional territory, and an awareness in the G.P. of the facilities available in Social Services Departments for his patients can only be of benefit to him and to them and such knowledge should lead eventually to the two professions having a greater confidence in, and respect for, each other. Community physicians and hospital specialists should, I believe, be considered only as adjuvants to the primary care agencies.

In summary

In certain cases of severe mental illness or those presenting peculiar diagnostic problems the general practitioner's more usual direction of referral should be the consultant psychiatrist. However, where social difficulties predominate or where the diagnosis and management are well established, and the need is for greater socialisation, assisting the immature personalities to reach more realistic adjustments or relieving the burden on relatives by care during the day, whether this need is in adolescence, the young or middle aged adult, or in the elderly, I believe referral to the Social Services Department can be of great benefit. Medical confidentiality need not be jeopardised - certain items need not be disclosed or the patient's consent can be sought for pertinent revelations to be made. The concerted effort of doctors, nursing personnel and social workers offers the mentally ill the optimum chance of comprehensive assessment and alleviation or amelioration of their hardships.

SECTION VII
AMBULANCE SERVICE

AMBULANCE SERVICE

Review of the year's work

From the 31st of March, transportation of pupils to Glengariff and Sunnybank training centres by the County ambulance service was discontinued and as a result the patient and mileage totals for 1972 were reduced when comparison is made with earlier years.

The number of patients conveyed totalled 137,548 and the mileage incurred by so doing was 1,334,453.

Road accidents requiring ambulance transport numbered 751 during 1972.

The supplementary hospital car service carried 4,738 patients during the period travelling 14,594 miles. This service again proved to be a valuable asset, particularly in the north of the County, and enabled ambulancemen to be free to carry out duties for which they are trained and best suited.

The obstetric unit at the Royal Gwent hospital became fully operational during the early part of the year, and ambulance journeys from all parts of the County to this very important centre became necessary.

Staff

Recruitment of staff during the year was mainly for replacement purposes. The establishment of the service was raised by the appointment of 4 additional ambulancemen.

Vehicles

Nine new Ford Transit ambulances, with bodies by Wadham Stringer, were introduced into the service during the year, one being allocated to each ambulance station in the County.

First reports from patients indicate that the vehicles give a very comfortable ride and ambulancemen have commented on their comfort and efficiency.

Ambulance stations

The station at Blackwood was completed at the beginning of January and the staff moved from their temporary quarters at the Council's health clinic at Penllwyn, Pontllanfraith, into the new modern buildings situated at Cwmgelli. The station is extremely well appointed and has facilities for maintaining a good Ambulance Service. The official opening of the station took place in December, when the buildings were viewed and admired by the many people who were present.

Many alterations were carried out at the Caerleon ambulance station and by mid-year the ambulancemen were happily housed in vastly improved quarters.

At Abergavenny work on the new station progressed rapidly and it is hoped that it will be completed by April 1973.

Prospects for the new Tredegar - Ebbw Vale ambulance station were not so bright, because of certain land development problems.

Equipment

Amongst the new equipment purchased during 1972, was entonox, an analgesic agent in gas form, and first reports prove its effectiveness. By the end of 1972, almost half of the ambulance service fleet was provided with this valuable pain relieving apparatus and the report at the end of this section summarises an analysis of the operational returns completed in the first few months of its use.

By the end of 1972 work was well in hand to provide each of the stations with Telex. The introduction of this equipment should facilitate the better deployment of vehicles for outpatient journeys and its provision represents the first step in centralisation of ambulance control for the County.

Joint Consultative Committee

To enable ambulancemen to take a greater part in the running of the service, Dr. W.E.J. McCarthy advocated that each Ambulance Authority set up a Joint Consultative Committee with representation from all branches of the service, to meet to discuss problems affecting the service and as a result indicate solutions to those problems.

It was decided that, for reasons of geography and hospital catchment, two consultative committees should be set up in this County. One representing stations in the north, serving in the main Nevill Hall hospital, and the other for stations in the south, serving the Royal Gwent.

Meetings have been held every other month and already a better understanding of each others problems has resulted leading to the development of a closer working relationship between management and staff.

Training

During the year the following courses were attended by ambulance staff:-

One week induction training at the training school Caerleon - 11 ambulancemen

Six week proficiency course at the Glamorgan training school, Bridgend - 18 ambulancemen.

During the period April to May, the Chaston Cup competition was held. This preceded the training for the Welsh Regional Ambulance finals at which the Monmouthshire Ambulance Service won the Britton Shield as runners-up and the cup as Floor Test champions.

The team was then eligible for entry into the British National Finals at Stoke Mandeville Hospital but were unsuccessful in that venture.

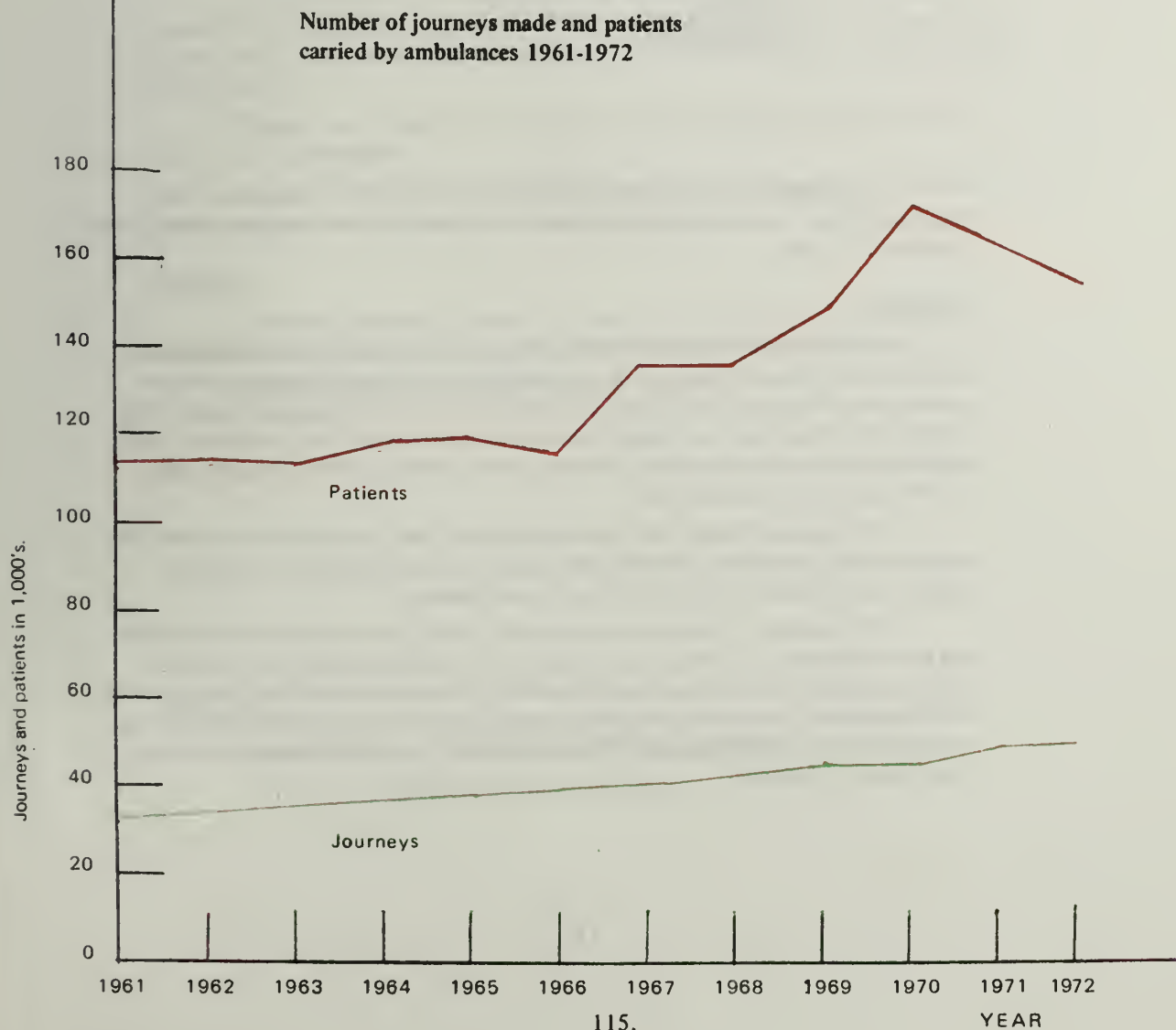
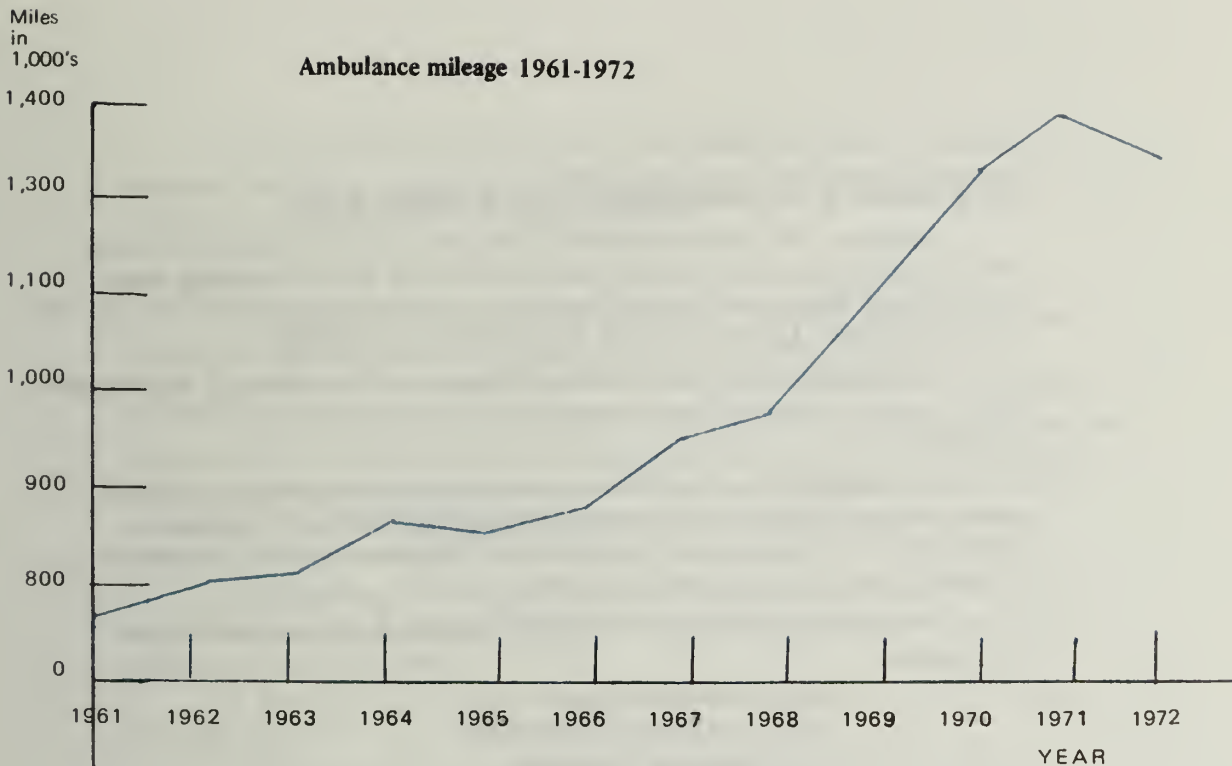
During the period June, July, August and September, 159 ambulancemen were trained and qualified as proficient in the use of the Entonox apparatus.

Control stations	Sub-stations	Area served
Main county control Ambulance Service H.Q. Cambria House, Caerleon. (Ambulance officer and administration)	Vauxhall road, Chepstow. Drybridge Park, Monmouth. St. Mary's road, Abergavenny.	Caerleon U. Magor & St. Mellons R. (East of Newport), Pontypool R. Usk U. Chepstow U & R Monmouth B & R Abergavenny B & R
Tredegar zone control Vale Terrace, Tredegar.	—	Tredegar U. Rhymney U. Ebbw Vale U.
Bedwellty zone control "Maesruddud", Argoed	—	Bedwellty U. Mynyddislwyn U. Bedwas and Machen U. (Maesycwmmmer).
Abertillery zone control Warm Turn, Aberbeeg.	—	Blaina and Nantyglo U. Abertillery U. (Llanhilleth and Trinant) (Abercarn U)
Pontypool zone control Ashgrove, Upper George St., Pontypool.	—	Blaenavon U. Pontypool U. Cwmbran U.
Bassaleg zone control Whitehead's Sports Ground, Bassaleg.	—	Bedwas and Machen (exclude Maesycwmmmer) Abercarn U (exclude Llanhilleth and Trinant) Risca U Magor and St. Mellons R (west of Newport).

AMBULANCE SERVICE

Operational return for the year ended 31st December 1972

	Directly operated			Total	Supplementary Service
	Ambulance	Sitting-case car	Equipment Vehicle		
A. Number of patients					
(1) Accident and emergencies	13,516	102	—	13,618	—
(2) Others	130,633	6,915	—	137,548	4,738
(3) Total of (1) and (2)	144,149	7,017	—	151,166	4,738
B. Journeys	44,114	2,194	12	46,320	617
C. Total mileage	1,243,021	90,846	586	1,334,453	14,594
D. Number of operational vehicles at 31.12.72.	79	6	1	86	—
E. Number of operational staff as at 31.12.72.	Driving staff 160 ambulancemen - sitting case car driver Station Officers 9 station officers 9 deputy station officers 2 relief officers Control room staff 8 telephonists 5 control officers 1 liaison officer (full time equivalent)			Total	194
F. Number of ambulance stations as at 31.12.72.	6 zone stations	3 depots	Total = 9		
G. National Coal Board details	Number of patients conveyed 549			Total miles 12,713 .	



Use of Entonox in the Monmouthshire County Ambulance Service

Interest in the use of Entonox as an analgesic agent in the ambulance service was stimulated by an article which appeared in the British Medical Journal in April, 1970, in which Baskett and Withnell¹ reported on its use with 66 patients conveyed with the Gloucestershire Ambulance Service over a period of 3½ months.

In December, 1971, the Secretary of State accepted the advice of the Ambulance Service Advisory Committee² and commented the use of Entonox to local health authorities.

Entonox was introduced as an analgesic agent into the County's ambulance service at the end of July, 1972, following instruction on its use and subsequent examination of the competence of ambulancemen. By the end of 1972, 94 patients conveyed by the service had received Entonox.

The following table gives a breakdown of patients who received Entonox by diagnosis.

Injury to bones and joints	-	49
Chest pains (including myocardial)	-	17
Acute abdominal emergencies	-	13
Obstetric	-	9
Miscellaneous	-	6
		94

Approximately 25% of the patients were over 60 years of age, the oldest being an 85 year old with a fractured femur. The youngest was a ten year old boy with a similar condition.

Pain relief

In an attempt to assess the effectiveness in relieving pain, the patients were questioned on arrival at hospital. In three instances the effect of Entonox was not recorded but 77 admitted to a substantial relief from pain, offering comments which varied from "Marvellous" to "Better than any treatment I got from the doctor". One patient, a 38 year old male with a fractured femur went into fits of laughter after 20 minutes of self administration.

Nine patients found only partial relief from their painful condition while five found no relief whatsoever. Of this latter figure, three were assessed as using the equipment ineffectively because they were too distressed.

The majority of patients received relief within four minutes of administration (68 out of 86) but one patient did not start to get relief until after 10 minutes. It must be accepted that the speed at which relief is obtained is related to the correct use of the equipment, nevertheless the above results show how quick acting it is and how useful it can be in facilitating painful operations such as removal from a crashed car, where speed is desirable.

Unlike conventional analgesics such as the opiates, the effect of Entonox is short-lived, so there is no danger of masking important physical signs or symptoms when the admitting physician is making his diagnosis.

Side effects

The inhalation unit of Entonox is fitted with a "demand" valve, which ensures that the gas does not flow until a negative pressure is achieved as a result of the patient inhaling after an air tight seal has been formed between the mask and the face.

On rare occasions such as an injury to both limbs, it may not be possible for the patient to use the equipment himself, nevertheless it has been stressed on ambulancemen that Entonox must always be self-administered because of the danger of the gas taking on anaesthetic qualities resulting in impairment of the cough reflexes and possible inhalation of foreign material.

For similar reasons Entonox is not offered to patients with severe head injuries, maxillo-facial injuries, clouding of consciousness, or those suspected to be under the influence of drugs or alcohol.

In 13 instances the patients became extremely drowsy and, in fact, 9 of these fell asleep.

It is impossible to say whether nausea and vomiting could be described as side effects of the gas or symptomatic of the condition which required its use but 11 of the patients complained of feeling sick and, of these, six vomited during the journey to hospital.

Two patients objected to the smell of the gas, though both nitrous oxide and oxygen are odourless.

One patient refused to use the face mask and the availability of a mouth piece in addition to the face mask is possibly desirable.

Comments

The above analysis of the use of Entonox over the short period since its introduction adds further support to its usefulness in the ambulance service.

The assessment of its effectiveness will continue.

References

1. Baskett P.J.F. and Whithnell A. (1970) *British Medical Journal*, 2, 41
2. Welsh Office Circular 250/71, 31st December, 1971.

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